08332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-2

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Dundalk, Sparrows Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Lodge Forrest Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mo Impi Aho

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Otto Aho.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): ? 1894

8. AGE: Years: 46 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Finland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Mariani
13. Birthplace: Finland.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Finland.

16. Informant: Toivo Aho.

Address: Bethlehem Penna

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug-24-40 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Eastern Ave.

18. Funeral director: H. Sander

Address: North Ave. & Broadway

19. 8-22 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 21 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.~~

Immediate cause of death: Acute Alcoholism

Due to: Debauch in his home

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. T. O. Myse Dep'y M Ex. M. D. or other

Address: Pikesville Md Date signed 8-21-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

08333

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Woodlawn (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Hutton Ave. near Oak Drive
(If rural, give LOCATION)

2.(a) If veteran, name war: ----

3.(a) FULL NAME: Howard C. Aler

3.(b) Social Security Number: 219-07-4792

4. Sex: Male

5. Color or race: Wht.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: M. Medora Aler

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Dec. 20. 1866

8. AGE: Years 73 | Months 7 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Accountant

11. Industry or business: Merchants & Miners Trans. Co.

FATHER
12. Name: Wm. H. Aler
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary L. Kilgrove
15. Birthplace: Va.

16. Informant: Mrs. M. Medora Aler
Address: Hutton Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 17, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimor Md.

18. Funeral director: Geo H. Little
Address: 2700 Edmondson Ave.

19. Aug. 15 19 40 (Date rec'd by registrar) Henry A. Owings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 14, 1940 19 ..., at 6.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20-40 19 ..., to Aug 14 19 40 and that I last saw him alive on Aug 14 19 40.

Immediate cause of death: carcinoma of stomach — DURATION: 15 mos.

Due to: ✓

Due to: ✓

Other conditions: cardiac decompensation 10 d

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE: Fred T. Kyper M. D. or other

Address: 3321 Fredk Dr. Date signed: 8/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 26 1940
BUREAU OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

08334

1. PLACE OF DEATH (50)

County Balto. Registration Dist. No. 42

Village or City Arbutus ~~Baltimore~~ Maryland No. 1017 St Charles Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Andrews If U. S. Veteran, specify WAR

(a) Residence: No. 1017 St. Charles Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Reed Andrews

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Oswald Flother

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Thiel

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Walter R. Andrews (Address) 1017 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug. 8, 1940

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave.

20. FILED Aug 8, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/5/37, 19, to 8/6, 1940

I last saw her alive on 8-6, 1940; death is said to have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma of breast	6/5/37

Other Contributory Causes of importance:

Myocardial Insufficiency	8/1/40

Name of operation Amputation of breast Date of 7/6/37

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Miller M. D.

(Address) 1500 N. Broadway

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

08335

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Harrow Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 818 Durham St.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Laurence Bell

3. (b) Social Security Number 216-10-3849

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mollie Bell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1893

8. AGE: Years 47 46 | Months 10 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Frank Bell

13. Birthplace Va.

MOTHER

14. Maiden name Unknown

15. Birthplace "

16. Informant Mollie Bell

Address 818 Durham Street

17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug 3, 1940 (month) (day) (year)

Cemetery or crematory

Location Greenbay Virginia

18. Funeral director Mrs. R. A. Elliott & Daughter

Address 1129 N. Caroline St.

19. Aug 1 1940 (Date rec'd by registrar) J. G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1940, at 8.55 a M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O'Nyse Lucy M. Ev. M. D. or other

Address Pikesville Md Date signed 8-1-40

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08336

Reg. Diat. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Spring Grove Hospital
County: Baltimore; Catonsville
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? since May 1,1939
Hospital, institution, or street address where death occurred: Spring Grove, State Hospital
How long in hospital or institution? see above

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Balto,City
City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No. 1727 E Preston Street (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Berke, Louise (Berkowski)

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Separated

6.(b) Name of husband or wife: Frederick Berke
6.(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): June 4, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	7	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: John ? 13. Birthplace: ?
MOTHER 14. Maiden name: Lucisa ? 15. Birthplace: ?
16. Informant: daughter Mrs. Hilda Ortman
Address: 1723 E. Preston Str. Balto
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 (month) 13 (day) 1940 (year)
Cemetery or crematory: Balto Cemetery
Location: End of East North Ave
18. Funeral director: William Cook
Address: 1217 St Paul St
19. 8/12 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11, 1940 at 4,30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1. 1939 to August 11, 1940 and that I last saw h... alive on August 11, 1940

Immediate cause of death	DURATION
Edema pulmonum	1 day
Due to: chronic myocarditis	bef. 1940
Due to: general arteriosclerosis	bef. 194
Other conditions: Organic reaction type (arteriosclerosis) without psychosis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: see above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim, M.D. M. D. or other
Address: Spring Grove Hospital Date signed: Aug. 11, 40

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AUG 16 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

CERTIFICATE OF DEATH

08337

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Old Frederick Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Old Frederick Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Catherine Beyold **3. (b) Social Security Number** None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1860

8. AGE: Years 79 | Months 9 | Days 7 | If less than one day hrs. min.

9. Birthplace Old Frederick Rd. Catonsville Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Adam Beyold.
13. Birthplace Bavaria Germany.

MOTHER
14. Maiden name Catherine Blum
15. Birthplace Hessen Germany

16. Informant Miss Margaret Beyold.
Address Old Frederick Rd. Catonsville

17. Burial Date thereof Aug 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New Cathedral Cem.
Location Baltimore Maryland.

18. Funeral director Easton Sons
Address Ellicott City Md.

19. 8/21/1940 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939 to Aug 19 1940, and that I last saw her alive on Aug 19 1940.

	DURATION
Immediate cause of death Pneumonia Terminal	2 days
Due to Diabetes Mellitus	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Elliot W. Johnson M.D.
M. D. or other
Address 3432 Druid Park Ave Baltimore Md. Date signed 7/19/40

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SEP 2 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

08338

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Emmorgo Mills, Frenchs Ave
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Chestnut Ridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Edwin Horatio Blucher

3. (b) Social Security Number 216-03-1816

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elsie Blucher
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
42	7	30	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Engineer
11. Industry or business
FATHER 12. Name Edwin E Blucher
13. Birthplace Maryland
MOTHER 14. Maiden name Annie E Goenell
15. Birthplace Maryland
16. Informant Mrs Edward Blair
Address Westminster Md. Route 6
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 22 1940 (month) (day) (year)
Cemetery or crematory St. Thomas
Location Garrison Forest.
18. Funeral director J. F. Eline & Sons
Address Reisterstown Md.
19. 8/19/40 (Date rec'd by registrar) 19 40 E E Nichols Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Aug 19th 1940, at 2 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h~~ alive on 19 .

Immediate cause of death	DURATION
Suicide	
Due to Shooting himself	
Due to with 22 Cal rifle	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 8-19-40
Where did injury occur? Emmorgo Mills (City or town) Bruto (County) Md (State)
Injured at home, farm, ~~industry, public place (where?)~~ home, farm
Means of injury 22 cal rifle Injured at work? no

23. SIGNATURE W. T. D. Wyse Dep'y M Ex M. D., or other
Address Reisterstown Md Date signed 8-19-40

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SEP 5 1940
V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

08339

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove Hospital

County Maryland

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since Dec.1,1939

Hospital, Institution, or street address where death occurred: Spring Grove, State Hospital

How long in hospital or institution? as above

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore City

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 609 Kirby Lane (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary A. Bond. Mamie Bond

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Married

6.(b) Name of husband or wife George Thomas Bond

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 28,1866

8. AGE: Years	Months	Days	If less than one day
74	2	9	hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Charles Chase
13. Birthplace ~~Unknown~~ BALTO. MD.

MOTHER
14. Maiden name ~~Mary ?~~ Alice Tillery
15. Birthplace ~~Unknown~~ BALTO. M.D.

16. Informant Daughter Alice Bond

Address 1906 Riggs Ave, Blatimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 10-1940 (month) (day) (year)

Cemetery or crematory Loudon Park.

Location Balto. Md.

18. Funeral director Geo. W. Little

Address 2700 Edmondson ave.

19. 8/8/ 19 40 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7,1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec.1,1939 19 , to August 7, 19 40 and that I last saw her alive on August 7, 19 40

Immediate cause of death	DURATION
Coronary occlusion	1 day
Due to General arteriosclerosis	bef.1940
xxxx Due to xxxxx Emphysema senile	bef.194
Other conditions Senile Psy, cerebral arterioscl. (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results as baove

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] Else Pappenheim, M.D. M. D. or other

Address Spring Grove Hospital Date signed 8/7/40

RECEIVED
AUG 21 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (96) Reg. Dist. No. 32

CERTIFICATE OF DEATH

08340

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pikesville, Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 31 Walker Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Walker (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Theodore Franklin Bosley

3 (b) If veteran, name war —

3 (c) Social Security No. retired

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence Loucella

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 28-1879

8. AGE: Years	Months	Days	If less than one day
61	2	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation County Roads.

11. Industry or business Balto. Co.

FATHER
12. Name Theodore Bosley
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Fannie Bosley
15. Birthplace Balto Co. Md

16 (a) Informant Florence L. Bosley
(b) Address 31 Walker Ave. Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 10 - 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md.

19 (a) 8/10/40 (Date rec'd by registrar) (b) E.E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 8 1940, at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1938, to Aug 8 1940, and that I last saw him alive on Aug 8 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7/27/40
Due to Arteriosclerosis	?
Due to Arterial Hypertension	?
Other conditions Cerebral Hemorrhage	7/4/38
Aortic Aneurysm Non-syph. (Include pregnancy within 3 months of death)	

Major findings Late, Deceased did not have
Of operations syphilis, Wass. N.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E.E. Nichols M.D. (M. D. or other)
Address Pikesville Md Date signed 8/10/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08341

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 812 Regester Avenue,
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore County (If outside city or town limits, write RURAL and give nearest town)
Street No.: 6306 Blackburn Court (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: BRENTON W. BRAMBLE

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Josephine I. Bramble
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): August 22, 1863

8. AGE: Years	Months	Days	If less than one day
76	11	23	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Letter Carrier - Retired
11. Industry or business

FATHER
12. Name: John Bramble
13. Birthplace: Maryland

MOTHER
14. Maiden name:
15. Birthplace: Maryland

16. Informant: Mrs. Howard E. Miller
Address: 6306 Blackburn Court

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/17/40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland
18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues

19. Aug 16 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15, 1940, at 9 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1936, to 8-15-1940
and that I last saw him alive on 8-15-1940

Immediate cause of death — DURATION
Cerebral Hemorrhage — Four hours
Due to: Arteriosclerosis — Unknown
Due to:
Other conditions: Hypertension - Sclerotic heart & kidney disease — Unknown
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. B. Lybert M.D. M. D. or other
Address: 780 Harford Ave. Date signed: 8-16-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Geo. B. Sybert,
2802 Harford Road

RECEIVED
AUG 22 1940
BUREAU V. S

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (8)

08342

1. PLACE OF DEATH

~~CITY OF~~ BALTIMORE: (No. Ridge & Selma Av. St.) Halethorpe (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME 2 Mo. Foetus Brannen

If U. S. Veteran specify WAR.....

(a) Residence: No. Ridge & Selma Av. St. Halethorpe Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Undetermined	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 21, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2 Mo Foetus			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Halethorpe, Md (State or country)

FATHER

13. NAME George Nelson Brannen

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

MOTHER

15. MAIDEN NAME Doris Mae Fowler

16. BIRTHPLACE (city or town) Balto., Md. (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Products of Conception Lot

19. UNDERTAKER .....
(Address)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	8-21-40

Other contributory causes of importance:

Spontaneous Abortion	8/21/40

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Jos. E. Muse Jr. M. D.

(Address) 1520 Hollins St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	*1924*
Chronic interstitial nephritis	*1926*
Cerebral hemorrhage	*May 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1925*

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AUG 27 1940
BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 30

08343

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(d) Street No. Featherbed Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME ETHEL DAUGHTON BURK

3 (b) If veteran, name war

3 (c) Social Security No. 217-03-7558

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife J. Randolph Burk

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March, 28 1886

8. AGE: Years 54 | Months 5 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Operator

11. Industry or business Men's Shirts

FATHER

12. Name John D. Kearsey

13. Birthplace U. S.

MOTHER

14. Maiden Name Sarah Elizabeth Daughton

15. Birthplace Harford Co., Md.

16 (a) Informant J. Randolph Burk

(b) Address Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4th 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cemetery

Location Randallstown, Md.

18 (a) Funeral director [signature]

(b) Address 1003 West Baltimore St.

19 (a) 9/3/40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 31st 1940 19__, at 5.56 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1939, to Aug 31 1940 and that I last saw him alive on Aug 31 1940

Immediate cause of death Chronic myocarditis | Duration 1 1/2 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ernest H. Raher, M. D. M. D. or other

Address 1735 Poplar Grove St. Date signed 9/2/40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

08344 X 38

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 3yr 2 mo 15 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford Co.

City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sue Nobel Burkins

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/17/04

8. AGE: Years: 36 Months: 5 Days: 26 If less than one day: hrs. min.

9. Birthplace: Darlington Md
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER
12. Name: Lawson Burkins
13. Birthplace: Maryland

MOTHER
14. Maiden name: Abbie Osborne
15. Birthplace: Maryland

16. Informant: Personal History - Hospital Record

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 14, 1940 (month) (day) (year)

Cemetery or crematory: Rock Run

Location: Harford Co. Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md

19. Aug 13 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/12/40 19 40, at [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 19 37, to Aug 12 19 40, and that I last saw h[illegible] alive on Aug 11 19 40.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address: Towson, Md. Date signed

RECEIVED
SEP 4 1940
BUREAU V. S.

08345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 months

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Hale Shore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Ridge Ave

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Albert Lee Carson

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ella

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct 24 - 1856

8. AGE:

Years	Months	Days	If less than one day
83	10	1	— hrs. — min.

8. Birthplace: Paradise, York Co - Pa

(Town, county, and state)

10. Usual occupation: Retail merchant

11. Industry or business: Retired

FATHER

12. Name: Callon H Carson

13. Birthplace: York - Pa

MOTHER

14. Maiden name: Maryann Raffensperger

15. Birthplace: York Co - Pa

16. Informant: Mrs. S. V. Beeler

Address: Relay - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 27 - 1940 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore Md

18. Funeral director: J. M. J. Jackson & Sons

Address: [illegible]

19. Aug 26 1940 (Date rec'd by registrar) Geo. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 25 1940, at 3.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1939, to Aug 25 1940 and that I last saw him alive on Aug 25 1940

Immediate cause of death: Cerebral Arterio Sclerosis

DURATION: 2 yrs

Due to:

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James M Howell M. D. or other

Address: Catonsville Date signed: 8-26

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1940
U. S. DEPT. OF AGR.

Dr. J. G. Howell
715 Frederick

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 44

08346

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Kingston Park. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County Baltimore

(c) City or town Kingston Park (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Cassidy

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elizabeth Cassidy.

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1869.

8. AGE: Years 70 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Retired.

11. Industry or business machinist

FATHER 12. Name James Cassidy.

13. Birthplace Md

MOTHER 14. Maiden Name Priscilla Cassidy.

15. Birthplace Md.

16 (a) Informant Elizabeth Cassidy

(b) Address Kingston Park Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Baltimore

Location North Ave.

18 (a) Funeral director Chenowell & Donovan

(b) Address 3615-17 Chesmont Ave

19 (a) 8-1-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 1 1940, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1940, to Aug 1 1940, and that I last saw him alive on Aug 1 1940.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions Hematemesis 1 wk. Cerebral apoplexy - 9 yr. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G M Baumgardner M. D. or other

Address Rosedale Md Date signed 8/1/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08347

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Essex Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Balto Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2514 E Federal st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George William Chilcoate

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 6, 1924

8. AGE: Years 15 | Months 9 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace ~~student~~ Balto Md (Town, county, and state)

10. Usual occupation student

11. Industry or business

FATHER
12. Name John B. Chilcote
13. Birthplace Balto Md

MOTHER
14. Maiden name Helen E. Hobbs
15. Birthplace Balto Md

16. Informant John B. Chilcote Jr.

Address 2514 E. Federal St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 10/40 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Pikesville, Balto. Co.

18. Funeral director John O. Mitchell & Sons

Address 1900 Eutaw Place

19. Aug 12 1940 (Date rec'd by registrar) Wm. S. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__ to ____ 19__~~

~~and that I last saw h____ alive on ____ 19__~~

Immediate cause of death Accident

Due to by Autos, on

Due to New Philadelphia Highway

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 8-10-40

Where did injury occur? Essex (City or town) Balto (County) Md (State)

Injured at ~~home, farm, industry,~~ public place (where?) Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE W. P. E. Myse Supy M Ex M. D. or other

Address Pikesville Md Date signed 8-10-40

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AUG 18 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08348

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (108)

County Bucks Co. Registration Dist. No. 42

Village or City Relay No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Caroline T. Cleaver If U. S. Veteran, specify WAR ____

(a) Residence: No. St. Denis, Md Relay P.O. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, end year) Oct. 2, 1867

7. AGE Yeers	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
72	10	25	

OCCUPATION

8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. Nurse

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceesed last worked at this occupetion (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Ellicott City (State or country)

FATHER

13. NAME Danl. Cleaver

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Cordelia Fisher

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Mary Fitzgeldings (Address) St. Denis Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Augustine Cem. Date Aug 30, 1940

19. UNDERTAKER J. R. Keary (Address) 1242 Linden Terrace

20. FILED Aug. 29, 1940 Geo. Keefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1940, to Aug 27, 1940

I last saw h-er alive on Aug 24, 1940; death is said to have occurred on the date steted above, at A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9 days
Other Contributory Causes of Importance:	
Cerebral haemorrhage	1 hour

Neme of operation ✓ Dete of ____

What test confirmed diagnosis? ✓ Wes there en autopsy? ____

23. If deeth wes due to external causes (VIDLENCE) fill in also the following: ✓

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. ____

Menner of Injury ✓

Nature of Injury ✓

24. Was disease or Injury in any wey releted to occupation of deceased? No

If so, specify ✓

(Signed) Frederic V. Butler M. D.

(Address) Relay - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08349

1. PLACE OF DEATH (61)

County Baltimore Registration Dist. No. 38

Village or City Sutherville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam Reese Cockey If U. S. Veteran, specify WAR

(a) Residence: No. Francke Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George B. Cockey

6. DATE OF BIRTH (month, day, and year): Dec 3-1869

7. AGE: Years 70 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Andrew Reese

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Laura C. Horn

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): George B. Cockey Francke Ave - Sutherville Md

18. BURIAL, CREMATION, OR REMOVAL Place: Druid Ridge Date: Aug 17, 1940

19. UNDERTAKER (Address): Charles G. Black 742 West North Ave.

20. FILED: Aug 16, 1940 W. Carroll Vaughan Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1940, to Aug 15, 1940.

I last saw her alive on Aug 15, 1940; death is said to have occurred on the date stated above, at 8:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart failure	8-15-40
Pulmonary embolus	8-15-40
Cardiac decompensation	5-12-40

Other Contributory Causes of importance:

Diabetes Mellitus	unk
Arteriosclerosis, general	unk
Cardio-vascular - Renal disease	unk

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Bennett A. Stern M. D.

(Address) Sutherville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08350

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore, Registration Dist. No. 38

Village or City Fullerton Md, No. Pretty Hill Ave, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Emmitt Copenhaver If U. S. Veteran, specify WAR

(a) Residence: No. Pretty Hill Ave Fullerton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Horn Copenhaver,

6. DATE OF BIRTH (month, day, and year) June 20 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck Driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Truck

10. Date deceased last worked at this occupation (month and year) Dec 29, 1939

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward Holmes Copenhaver

14. BIRTHPLACE (city or town) Martinsburg
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Gertrude Hauck

16. BIRTHPLACE (city or town) Carrollton
(State or country) Carroll County

17. INFORMANT Bertha Horn Copenhaver
(Address) Pretty Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date 8/20, 1940

19. UNDERTAKER Leonard J Rugh
(Address) 5305 Harford Rd

20. FILED 8/20, 1940 A. M. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1940, to Aug 18, 1940

I last saw him alive on Aug 18, 1940, deeth is seid to have occurred on the date stated ebove, at 12 PM m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of Importence were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	
Other Contributory Causes of importence: Pulmonary Tuberculosis	Jan, 1940,

Name of operetion Date of

Whet test confirmed diegnosis? Was there an autopsy? No,

23. If death wes due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William A. Dodd M. D.

(Address) 5105 Oxford Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

1938
67
1872
67
39

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Mami

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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SEP 4 1945
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

08351

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Baltimore
City or town Parkton R.F.D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Parkton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Calvin J. Coe

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosa Emma
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 2 - 1858

8. AGE: Years 82 | Months 1 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Reuben Coe
13. Birthplace South Carolina

MOTHER
14. Maiden name Margaret Pollivar
15. Birthplace South Carolina

16. Informant Mr. Thurman Coe
Address Parkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 17/1940 (month) (day) (year)
Cemetery or crematory Union Church
Location Upgate - North Colvin P. Mankelow Son

18. Funeral director
Address White Hall, Md

19. Aug 12 1940 (Date rec'd by registrar) M. Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1940, to Aug 11 1940, and that I last saw him alive on Aug 10 1940.

Immediate cause of death	DURATION
Myocarditis	
Due to	
Due to	
Other conditions Gastric Ulcer	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Evans M. Fisher M.D.
M. D. or other
Address Stewartstown Date signed Aug 12 1940

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08352

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-15

1. PLACE OF DEATH:
County Baltimore
City or town Lutherville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 57 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Lutherville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sewell F. Coe
3. (b) Social Security Number None

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Mamie Stewart
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) Dec 21, 1864
8. AGE: Years 75 Months 8 Days 7 If less than one day ____ hrs. ____ min.
9. Birthplace Monkton, Md (Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business
FATHER 12. Name Frank Coe
13. Birthplace Monkton Md
MOTHER 14. Maiden name Paturis
15. Birthplace Monkton, Md
16. Informant Mrs Mamie Coe
Address Lutherville, Md
17. Buried (Burial, cremation, or removal, Which?) Date thereof Aug. 30-40 (month) (day) (year)
Cemetery or crematory Mt. Joy
Location Monkton, R.T.D. Md
18. Funeral director P. Markland Low
Address White Hall Md
19. Aug 29 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at 1:00 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1939, to Aug 28 1940; and that I last saw h-im alive on June 27 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	8-28-40
Due to: Cerebral Hemorrhage	6-2-39
Due to: Hypertension	Unk
Due to: Arterio sclerosis, genl.	Unk
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bennett A. Stearn M.D.
M. D. or other
Address Lutherville Md Date signed 8-28-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940) Reg. Dist. No. 32

08353

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Hilary Home.*
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 42 dys

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County ~~Balto~~ Balto
(c) City or town ~~Pikesville~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Church Lane~~ 2209 Eutaw Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sophia A. Cross.

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single,~~ married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1848

8. **AGE:** Years 91 | Months 9 | Days 25 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Silas Cross
13. Birthplace England

MOTHER
14. Maiden Name Sophia ~~A~~ Ayers
15. Birthplace England

16 (a) Informant Mrs. Fapp
(b) Address 1408 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-40 (Month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director William Cook
(b) Address 1217 N Paca St

19 (a) Aug 16 1940 (Date rec'd by registrar) (b) Le E. Nichols Registrar

MEDICAL CERTIFICATION

20. **Date of death** Aug 16 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Aug 16 1940, and that I last saw him alive on Aug 14 1940.

Immediate cause of death	Duration
Coronary Thrombosis	20 hrs.
Due to arterio-sclerosis	30 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Palmer H. Williams M.D.
M. D. or other
Address Pikesville. Date signed Aug 16 40

*Open summer only for incurables from Church Home.

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1940
BUREAU V. S.

08354

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: -----

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Relay
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Arlington Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Catherine S. Curran

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ----

6.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): December 26th, 1872

8. AGE: Years 67 | Months 7 | Days 24 | If less than one day: - - - - - - - hrs. - - - - - - min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER
12. Name: Joseph A. Curran
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Elizabeth V. Williamson
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Elizabeth Curran
Address: Arlington Av. Relay Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/3/40 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery

Location: Baltimore, Md.

18. Funeral director: George J. Ruth, Inc.
Address: 1735-Harford Ave.

19. August 2 1940 (Date rec'd by registrar) G. Keeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 1 1940, at 8 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to Aug 1 1940 and that I last saw her alive on August 1 1946

Immediate cause of death: Heat exhaustion — DURATION: 18 hrs

Due to: Excessive temperature

Due to:

Other conditions: Chronic moaladism following fracture thigh. — 4 years
(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work?

23. SIGNATURE: Frederick V. Butler
M. D. or other

Address: Relay Md. Date signed: Aug 1-40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08355

1. PLACE OF DEATH (57-2)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 242 Colgate Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foraign birth? 60 yrs. mos. ds.

2. FULL NAME Hans Henry Dietrich

(a) Residence: No. 242 Colgate Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Magdalena Wiesand

6. DATE OF BIRTH (month, day, and year): Nov 24, 1864

7. AGE: Years 75 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaased last workad at this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (Stata or country): Germany

17. INFORMANT (Address): Carl F. E. Dietrich - Son, 242 Colgate Ave - Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: St Paul 5th Reform Church Cem Date: Aug 8, 1940

19. UNDERTAKER (Addiass): William M Marech, 715 Light St

20. FILED 8/6, 1940 Milton W Smulson, Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 5 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1940, to Aug 5, 1940

I last saw him alive on Aug 5, 1940; death is said to hava occurrad on the data stated above, at 6 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Neoplasm (Intra abdominal) (Type Undetermined)	?
Probably primary in bladder. Type, unknown. O.W.G.R.	
Othar Contributory Causes of Importance: Senility, Generalized Arteriosclerosis	

Nama of operation: none Date of

What tast confirmed diagnosis? Phys. Signs Was thare an autopsy? No

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disaase or Injury in any way ralated to occupation of daceasad?

If so, specify

(Signad) J Howard Burns M. D.

(Address) 59 Dundalk Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

W. M. Carmine Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08356

1. PLACE OF DEATH (83-a)

County Balto Registration Dist. No. 30

Village or City Catonsville Md No. Recedo Knoll St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frances A. Dodson If U. S. Veteran, specify WAR ____

(a) Residence: No. 5635 Belair Rd St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Dodson

6. DATE OF BIRTH (month, day, end year) 2-10-1885

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

FATHER

13. NAME Charles B. Lewis

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Catherine T. Scharf

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Catherine F. Lewis (Address) 5635 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 8/26/40 19

19. UNDERTAKER Leonard J. Kuck (Address) 5305 Harford Rd

20. FILED 7/26, 19 [signature] Registrar.

DEPUTY COUNTY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/24/40 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1937, to Aug 24, 1940

I last saw her alive on Aug 23, 1940; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 Wks
Arteriosclerosis	
Left hemiplegia	2 Wks

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BUREAU OF HEALTH
MAR 30 1949
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 32

08357

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Pleasant Hill. (Owings Mill)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Owings Mills.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Miller Easter

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Henrietta Toel.

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1864 ~~75, 11 mos 21 days~~

8. AGE: Years 75 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business Dry goods.

FATHER
12. Name James Washington Easter
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E. Miller
15. Birthplace Leesburg. Va.

16 (a) Informant Charles Easter.
(b) Address Owings Mills. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1940 (month) (day) (year)

(c) Cemetery or crematory Lorind Ridge Cem

Location Pikesville Md

18 (a) Funeral director H. M. Jenkins & Son Co

(b) Address Orchard & Mc-Callah Ave

19 (a) 8/9/40 (Date rec'd by registrar) (b) E. C. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 8 1940, at 8 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Aug 8 1940, and that I last saw him alive on Aug 7 1940

Immediate cause of death arterio-sclerosis cerebral. Duration 2 years.

Due to

Due to

Other conditions cord - bladder. 1 year.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Palmer F. C. Williams
M. D. or other

Address Pikesville. Md. Date signed Aug 7. 40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08358

83-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Eisenreich If U. S. Veteran, specify WAR none

(a) Residence: No. Butler Road, Glyndon St., Ward. No. Social Security No.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Jones.

6. DATE OF BIRTH (month, day, and year) June 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 2640

12. BIRTHPLACE (city or town) Monkton Md.
(State or country)

FATHER

13. NAME Joseph Eisenreich

14. BIRTHPLACE (city or town) Dont Know
(State or country) Dont Know

MOTHER

15. MAIDEN NAME Barbara Mockworth

16. BIRTHPLACE (city or town) Dont Know
(State or country) " "

17. INFORMANT Mrs. Michael Eisenreich
(Address) Glyndon, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 28, 1940

19. UNDERTAKER Wm. Berry Mgr. & Sons
(Address) Reisterstown, Md.

20. FILED Aug 26, 1940 J. Vincent Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 25 (Month) Aug (Day) 25 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940, to Aug 25th, 1940

I last saw h[illegible] alive on Aug 25th, 1940; death is said to have occurred on the date stated above, at 5:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 24

Other Contributory Causes of importance: Arteriosclerosis — I

Name of operation None Date of

What test confirmed diagnosis? Blood Pressure Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. D. Daub Mullen M.D.

(Address) Glyndon Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1928
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 44-

08359

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrows Point Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Todds Farm

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 9 mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Sparrows Point Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Todds Farm (If rural give location)

(e) If foreign born, how long in U. S. A.? X years

3 (a) **FULL NAME** AGNES TEKLA EKHOLM.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 9. 1872

8. **AGE:** Years 67 Months 10 Days 22. If less than one day ____ hr. ____ min.

9. Birthplace Finland (Town, county, and state)

10. Usual occupation Masseuse

11. Industry or business Retired Dec. 1939.

FATHER 12. Name Victor Ekholm

13. Birthplace Finland.

MOTHER 14. Maiden Name Tekla Brandaline

15. Birthplace Finland.

16 (a) Informant X Alma Ekholm

(b) Address Todds Farm Sparrows Pt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 - 40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Oak Lawn Cem

Location

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) Sept 1-40 (Date rec'd by registrar) (b) Dawson T. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 31. 1940, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1940, to Aug 31 1940, and that I last saw him alive on Aug 30 1940.

Immediate cause of death Myocardial failure. Duration Sudden

Due to Myocardial weakness. 1 year.

Due to Senility.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Tallin. M.D. M. D. or other

Address Sparrows Point. Date signed 8/31/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 3 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08360

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Park Place & Clifton Ave Lindsay Terrace
City or town: Baltimore County
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42 Years
Hospital, institution, or street address where death occurred:
Park Place & Clifton Ave Lindsay Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Baltimore Md Baltimore
City or town: Baltimore Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 818 Brice St
(If rural, give LOCATION)
2.(a) If veteran, name war: World War

3.(a) FULL NAME
Louis Fenyes (LOUIS FENYES)

3.(b) Social Security Number
218-09-8367

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Germaine Mesch
6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): July 31, 1887

8. AGE: Years	Months	Days	If less than one day
53	0	27	...hrs. ...min.

9. Birthplace: Hungary (Town, county, and state)
10. Usual occupation: Cabinet Maker
11. Industry or business:
FATHER 12. Name: Kalman Fenyes
13. Birthplace: Hungary
MOTHER 14. Maiden name: Amelia ?
15. Birthplace: Hungary
16. Informant: Mr. Albert Fenyes
Address: 818 N. Brice Street
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/31/40 (month) (day) (year)
Cemetery or crematory: Baltimore National
Location: Baltimore, Maryland
18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues
19. 8/29/40 (Date rec'd by registrar) E. E. Nuchols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28th 1940, at 9:30 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1934, to August 28 1940
and that I last saw h.im alive on July 8th 1940

Immediate cause of death	DURATION
Coronary Thrombosis	6 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. A. Cammer M. D. or other
Address: 1929 Edmondson Ave Date signed: Aug 28 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 5 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

08361

CERTIFICATE OF DEATH

Reg. Dist. No. 7-37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore City

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1705 Lamont Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: John Andrew Fields

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna E Fields

6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): July 30, 1904

8. AGE:

Years	Months	Days	If less than one day
36	—	23	____ hrs. ____ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business:

FATHER 12. Name: Charles C Fields

FATHER 13. Birthplace: Baltimore Md

MOTHER 14. Maiden name: Margaret Myers

MOTHER 15. Birthplace: Germany

16. Informant: Personal History - Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 (month) 26 (day) 40 (year)

Cemetery or crematory: Baltimore

Location: North ave & Pine Sts

18. Funeral director: George D. Ruth Inc

Address: 1735 Hartford Ave

19. Aug 23 (Date rec'd by registrar) 19 40 W. Carroll Van Horn, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 1940, at 2:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 1940, to Aug 22 1940, and that I last saw him alive on Aug 22 1940.

Immediate cause of death	DURATION
Pulmonary tuberculosis	since December 1934
Due to Tuberculous infection	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges, M. D. or other

Address: Towson, Md. Date signed:

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AUG 24 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08362

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93-1)

County Balto. Registration Dist. No. 44

Village or City Essex No. Riverside Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert W. Fischer If U. S. Veteran, specify WAR ...

(a) Residence: No. Riverside Ave St., Ward Social Security No.: 215-01-8444

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Devinney Fischer

6. DATE OF BIRTH (month, day, and year): April 19th 1872

7. AGE — Years: 68 — Months: 3 — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Tool maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Con. Can Co.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: John Fischer

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Ida Devinney Fischer Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Law Date ... 19...

19. UNDERTAKER (Address): John F. Connelly Essex Md.

20. FILED Aug. 7 — 1940 John D. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 5 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to August 5, 1940

I last saw him alive on July 20, 1940; death is said to have occurred on the data stated above, at 12:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	8/5/40
Arteriosclerotic	
Cardio vascular Renal Disease	
Cause	
Cardiac decompensation	1939

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) George H. Davis M. D.

(Address) Essex, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

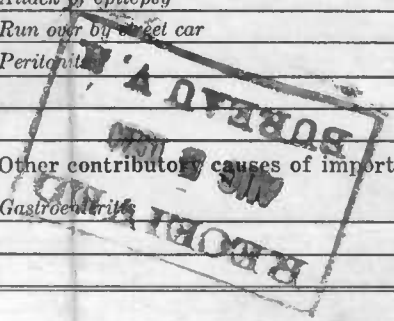
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08363

1. PLACE OF DEATH Malvern Ave. (92b)

County Baltimore Registration Dist. No. 32

Village or City Ruxton Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Trackman If U.S. Veteran specify WAR

(a) Residence: No. Malvern Ave, Ruxton Md. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Trackman.

6. DATE OF BIRTH (month, day, and year) Sept 17, 1850

7. AGE Years 89 Months 10 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hesse (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Soeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Struth (Address) Essex Rd, Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Aug 6, 1940

19. UNDERTAKER Frank H. Newell (Address) Pikesville Md.

20. FILED 8/5/ 1940 Dr E E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 3/40 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 19/40, 19 to Aug 3/40, 19 I last saw her alive on Aug 1/40, 19; death is said to have occurred on the date stated above, at P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

Other Contributory Causes of importance: Arthur Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas B Kolb Md M. D.

(Address) 1 W Tight

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by trolley car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HEALTH DEPARTMENT—~~CITY~~ Co OF BALTIMORE

08364

CERTIFICATE OF DEATH (8)

1. PLACE OF DEATH

~~CITY OF~~ BALTIMORE: Co (No. 8 Shipley Ave ~~St.~~ Ward)

Registered No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby France

If U. S. Veteran specify WAR .....

(a) Residence: No. 8 Shipley Ave Catonsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 8-2-40

7. AGE: Years: New | Months: Borne | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Catonsville Md

FATHER
13. NAME: Llewellyn Ready
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Valerie Talbott
16. BIRTHPLACE (city or town) (State or country): Carroll County

17. INFORMANT (Address): Valerie France 8 Shipley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 8-5 1940

19. UNDERTAKER (Address): A. Halstead 918 Druid Hill Ave

20. FILED: 8/5 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8:15 pm

The principal cause of death and related causes of importance were as follows:

Probable lucis

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. L. Pine Peter M. D.
(Address) 1632 Druid Hill Ave

VS 3

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-B

CERTIFICATE OF DEATH

08365

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 11 Beechwood Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11 S. Beechwood Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alfred W. Gieske

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elsie E. Franke Gieske
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March - 5 - 1874

8. AGE: Years	Months	Days	If less than one day
66	5	15	hrs. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Financier
11. Industry or business

FATHER
12. Name Gustav Gieske
13. Birthplace Germany

MOTHER
14. Maiden name Auguste Franke
15. Birthplace Germany

16. Informant Mrs. Elsie E. Gieske
Address 11 S. Beechwood Ave, Caton Sville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-22-40 (month) (day) (year)
Cemetery or crematory Salem Lutheran Cemetery
Location Catonsville Md.

18. Funeral director Easton Sons
Address Ellicott City Md

19. 8/21 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 20 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13 1940, to August 20 1940, and that I last saw him alive on August 20 1940.

	DURATION
Immediate cause of death: Uremia	10 da.
Due to: Carcinoma of prostate	2 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William K. Gallagher M.D.
M. D. or other
Address Catonsville, Md. Date signed 8-20-40

RECEIVED
SEP 2 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 41

08366

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 6912 Holabird ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 6 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Pa (b) County —

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. 2515 S. Gross St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Annie Gimlett

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Gimlett

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 18, 1872

8. AGE: Years 68 Months 5 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Philadelphia Pa. (Town, county, and state)

10. Usual occupation Housework at home

11. Industry or business

FATHER 12. Name John McDermott

13. Birthplace Pa

MOTHER 14. Maiden Name Ellen Mullin

15. Birthplace Ireland

16 (a) Informant John Drain

(b) Address 2659 S. Dagget Ave Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Del. Co Pa

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) 9/1/40 (Date rec'd by registrar) (b) Milton W Anderson Local Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 31 1940 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1940, to Aug 31 1940, and that I last saw him alive on — 19____.

Immediate cause of death Coronary Thrombosis — Duration 1/2 hour

Due to —

Due to —

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A W Reier Deputy Medical Examiner M. D. or other

Address 2 Kinsley Rd. Dundalk Md. Date signed 9-1-40

W. M. Carmine Reg.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08367

(77)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 43

Village or City Overlea — No. 109 Kolb Ave — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Anthony J. Halbler Sr

(a) Residence: No. 109 Kolb Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Halbler

6. DATE OF BIRTH (month, day, and year) Jan 14 1853

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
87	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anthony J. Halbler Jr

(Address) 5805 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/28, 1940

19. UNDERTAKER Leonard J. Rupke

(Address) 5305 Harford Rd

20. FILED 8/27, 1940 Mrs. E. A. Fink Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 25 / 40, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1940, to Aug. 24, 1940

I last saw him alive on August 24, 1940; death is said to have occurred on the date stated above, at 4:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	—

Other Contributory Causes of importance:

Arteriosclerosis	unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Wachsmuth M. D.

(Address) 6304 Belair Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08368

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(130-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 - yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

Street No. Fair View Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: ----

3. (a) FULL NAME Cora E. Hamburger

3. (b) Social Security Number --

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Oscar Hamburger

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Mar. 10th, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	18	---------- hrs. ---------- min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: Daniel Lynn
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Anna Jenkins
15. Birthplace: New Jersey

16. Informant: Oscar Hamburger

Address: Fair View Ave. Halethorpe

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/29/40 (month) (day) (year)

Cemetery or crematory: New Cathedral - Hall Rd

Location: George J. Ruth Inc.

18. Funeral director: George J. Ruth, Inc. Jones

Address: 1735-Harford Ave.

19. Aug 28 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28th 1940, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1940, to August 28th 1946 and that I last saw her alive on August 28th 1946

Immediate cause of death	DURATION
Cardio vascular renal disease	5+ yrs
Due to: Hypertension	
Due to: ✓	
Other conditions: Rheumatic cardiac failure - acute pulmonary congestion (Include pregnancy within 3 months of death)	3 days

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically. ✓

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of: -

Where did injury occur? ✓ (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: Edwin V. Baxter M. D. or other

Address: Reeds Md Date signed: Aug 29 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

08369

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 9 years, 11 months

Stay in this community (yrs., or mos., or days): 9 yrs., 11 mo., 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Severn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ZOE HAMMOND

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 17, 1922

8. AGE: Years	Months	Days	If less than one day
18	4	13	hrs. min.

9. Birthplace: Severn, A. A. Co., Maryland.
(Town, county, and state)

10. Usual occupation: Inmate of Rosewood School

11. Industry or business

FATHER
12. Name: Kirby Hammond
13. Birthplace: Maryland

MOTHER
14. Maiden name: Willis Bouyer
15. Birthplace: Maryland

16. Informant: Rosewood State Training School
Address: records.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 31-1940 (month) (day) (year)

Cemetery or crematory: Rosewood Cemetery

Location: Balto. Co.

18. Funeral director: J. F. Eline + Sons

Address: Rustertown, Md

19. Aug 30, 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 30, 1940, at 2:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28, 1940, to August 30, 1940, and that I last saw her alive on August 30, 1940.

Immediate cause of death	DURATION
Status Epilepticus (August 28 to August 30, 1940)	2 days
Due to	
Due to	
Other conditions: Hydrocephalic imbecile	Cong.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None done.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Harry G. Buffler M.D.
M. D. or other

Address: Owings Mills, Md Date signed: 8/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08370

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Turner's Station
City or town: Balto. County
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 mos.
Hospital, institution, or street address where death occurred: x
How long in hospital or institution? x

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: L N Chapel St
(If rural, give LOCATION)
2.(a) If veteran, name war: x

3.(a) FULL NAME: Elizabeth Harman

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Andrew Harman
6.(c) If alive, give age: x years
7. Birth date of deceased (mo., day, yr.): June 23rd 1865
8. AGE: Years: 75 Months: 2 Days: 3 If less than one day: hrs. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: +
FATHER 12. Name: Henry Stroh
13. Birthplace: Baltimore
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Charles Humes
Address: 815 S. Aldham St
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 29-1940 (month) (day) (year)
Cemetery or crematory: Mt Carmel
Location: Baltimore Md
18. Funeral director: Durand R Covington
Address: 21 W. 25th St.
19. 8/27 1940 (Date rec'd by registrar) Milton W Brumbaugh Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 1940, at 7:55 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24 1940, to Aug 26 1940
and that I last saw h[illegible] alive on Aug 24 1940.
Immediate cause of death: Cerebral Embolism — DURATION: 2 days
Due to: A-S-C-V-R. Disease
Due to:
Other conditions: Senility — 5-10 yrs
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M Bowers M.D.
M. D. or other
Address: 3 Kenly Rd-Dundalk Date signed: 8/27/40
Hunt Armine, Res.

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 35 18371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Haarlem Lodge
Stay in hospital or inst. (yrs., or mos., or days): 17 days
Stay in this community (yrs., or mos., or days): 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hotel Stafford
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harman, Mr. Stanley K.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Paula Harman

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1896

8. AGE:

Years	Months	Days	If less than one day
43	10	12	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business: Self

FATHER
12. Name: Samuel J. Harman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Ray C. Cohen
15. Birthplace: Washington, D. C.

16. Informant: Mrs. Paula A. Harman
Address: Randallstown, Maryland

17. Cremation
(Burial, cremation, or removal. Which?)
Date thereof: 8/27/40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons.
Address: North & Pa. Avenues

19. 8/26/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 25 1940, at 11 02 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 1940, to August 25 1940, and that I last saw him alive on August 25 1940

Immediate cause of death	DURATION
Toxic Myocarditis	over 17 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ferd A. Ries, M.D.
M. D. or other
Address: Haarlem Lodge, Catonsville Date signed: 8/25/40

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

08372

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Lodge Forest (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3 Oak Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Lodge Forest Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3 Oak Road (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: ROSE ELIZABETH HEIKKILA

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John Heikkila
6(c) If alive, give age: 58 ? years

7. Birth date of deceased (mo., day, yr.): May 14.1884

8. AGE:

Years	Months	Days	If less than one day
56	3	12	hrs. min.

9. Birthplace: Finland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Herman Heikkila
13. Birthplace: Finland

MOTHER
14. Maiden name: Anna Riskula
15. Birthplace: Finland

16. Informant: MR. John Heikkila (Husband)
Address: 3 Oak Rd. Lodge Forest

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 31. 1940 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore County Md.
18. Funeral director: HENRY SANDER & SONS. INC. by J. Sander
Address: North Ave. & Broadway. Balto. Md.

19. 8/27 1940 (Date rec'd by registrar) Milton W. Richardson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26. 1940 at 2.30 P/M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26th 1940 to August 26th 1940 and that I last saw her alive on August 26th 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	6 hours
Due to: Chronic Interstitial Nephritis	2
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harry W. Rosenthal M. D. or other
Address: Lynch Point Md. Date signed: Aug. 27-40

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08373

Reg. Diat. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 20 yrs. 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town Reisterstown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 706 Main St. Reisterstown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Clement C Hamler

3. (b) Social Security Number 214-03-7591

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary L. Sanford.
6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) October 22, 1884

8. AGE: Years	Months	Days	If less than one day
55	10	3	____ hrs. ____ min.

9. Birthplace Catonsville, Md.
(Town, county, and state)
10. Usual occupation Lineman.
11. Industry or business Street Car Company.
FATHER 12. Name Joseph H. Hamler
13. Birthplace Adams County, Pa.
MOTHER 14. Maiden name Sarah Ann Buddy.
15. Birthplace Gettysburg.
16. Informant Mrs. Clement Hamler
Address 706 Main St. Reisterstown
17. Burial (Burial, cremation, or removal, which?) Date thereof Aug. 28, 1940 (month) (day) (year)
Cemetery or crematory Old Reisterstown
Location Belair Road.
18. Funeral director Wm. Berryman & Sons.
Address Reisterstown, Md.
19. Aug. 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION about

20. DATE OF DEATH Aug 25th 1940, at 5 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__,
and ~~that I last saw him~~ ____ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. P. O. Murphy M Ex M. D. or other
Address Pikesville Md Date signed 8-25-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54 B)

08374

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Balto

County

City or town Stevenson, Pikesville S. Sta

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto.

City or town Lutherville P. O. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Alvin Hunt

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice R Hunt

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb. 10 1879

8. AGE: Years 61 | Months 6 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wm. Thomas Hunt

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Jane Bosley

15. Birthplace Md.

16. Informant Alice R Hunt

Address Lutherville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 28 1940 (month) (day) (year)

Cemetery or crematory Mt Zion

Location Balto. Co.

16. Funeral director J. F. Eline & Sons

Address Rusterstown Md.

19. 8/26 1940 (Date rec'd by registrar) C. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 7.20 A M

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ ~~19 to 19~~, ~~and that I last saw h alive on 19~~.

Immediate cause of death: Carcinoma brain

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Myse Deputy M. Ex. M. D. or other

Address Pikesville Md Date signed 8-26-40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

08375

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 30

(97)

1 PLACE OF DEATH

County Baltimore

Village or City Catonsville (No.) 83 Winters St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah J. Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: October 10 (Month), / (Day), 1865 (Year)

7 AGE: 74 yrs. 10 mos. 2 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed or (employer):

9 BIRTHPLACE (State or country): St. Mary Co. Md.

PARENTS

10 NAME OF FATHER: Jackson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or Country):

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Johnson

(Address) 108 Chapter Ave

15 Filed 8/14 1940 [signature] Registrar

Deputy Local

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 13, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 28 1940 to Aug. 13, 1940, that I last saw her alive on Aug. 13, 1940, and that death occurred on the date stated above, at 7 A m.

The CAUSE OF DEATH * was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

Contributory Secondary: Old age

(Duration) yrs. mos. ds.

(Signed) Thos. D. Woolridge M. D.

8/13 1940 (Address) 703 W. Lafayette Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Star Cem. DATE OF BURIAL: Aug. 16, 1940

20 UNDERTAKER: Mrs. Francis A. Hemsley ADDRESS: 578 W. Biddle St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42-B)

08376

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

3005 Dunleer Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Dundalk.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3005 Dunleer Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Marian Esther Jacot

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband Leo H. Jacott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 20, 1893

8. AGE: Years	Months	Days	If less than one day
47	0	14	..... hrs. ..... min.

9. Birthplace: Bethlehem, Penna.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Morgan J. Rinker

13. Birthplace: Pennsylvania

MOTHER

14. Maiden name: Nellie L. Rice

15. Birthplace: Bethlehem, Pa.

16. Informant: Mr. Leo Jacott

Address: 3005 Dunleer Road

17. Removal (Burial, cremation, or removal. Which?) Date thereof 8/5/40 (month) (day) (year)

Cemetery or crematory: Nisky Hill Cemetery

Location: Bethlehem, Pa.

18. Funeral director: Wm. J. Tickner & Sons.

Address: North & Pa. Avenues

19. Aug 5. 1940 (Date received by registrar) Dawson L. Harbr Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4, 1940 at 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23. 1940, to Aug 4. 1940

and that I last saw her alive on August 3. 1940

Immediate cause of death: Carcinoma of Uterus

Due to: Metastasis along the pelvic glands

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 1937

Major findings of operation: None

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dawson L. Harbr M. D. or other

Address: Sparrows Point, Md. Date signed: Aug 5. 40

Dawson L. Farber
914 D. Street

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a) Reg. Dist. No. 38 08377

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b), City or town Towson
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 15 W. Penna. Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 13 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town LOCH RAVEN (RURAL)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Mona Ashton Johns

3 (b) If veteran, name war ———

3 (c) Social Security No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOSEPH T. JOHNS
6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) JULY 9, 1892

8. AGE: Years	Months	Days	If less than one day
48	1 —	10	——— hr. ——— min.

9. Birthplace TAPPAHANNOCK, VA.
(Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name FRANK CLLOWN
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant JOSEPH T. JOHNS
(b) Address LOCKRAVEN, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEMETERY
Location WOODLAWN, MD.

18 (a) Funeral director John Byrne's Sons
(b) Address Towson, Md.

19 (a) Aug 22/40 (Date recd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 19 1940 at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1940, to Aug 19 1940, and that I last saw ~~him~~ her alive on Aug. 19 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions Chr. Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. A. Sedlacek, M. D. (M. D. or other)
Address 200 W. Penna. Ave Date signed 8/19/40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1940
BUREAU V. S.

08378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Sparrows Point Steel Co

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bethlehem Steel Co.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 604 N. North ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World

3. (a) FULL NAME Henry Jesse Johnson

3. (b) Social Security Number 225-10-3059

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Ellen Johnson

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 1899

8. AGE: Years 41 Months 0 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Kinley N.C. (Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Bethlehem Steel

FATHER
12. Name John T. Johnson
13. Birthplace N Carolina

MOTHER
14. Maiden name Arpy Bass
15. Birthplace N. Carolina

16. Informant Mrs. Mary E. Johnson

Address 604 N. North ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug 31-40 (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore Md

18. Funeral director Wm. J. Pickrow & Sons

Address North & Pa. Ave Baltimore

19. Aug 28 1940 (Date rec'd by registrar) Dawson T. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.~~

Immediate cause of death Accidental Electrocution

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 8-28-40

Where did injury occur? Sparrows Point (City or town) Balto (County) Md (State)

Injured ~~at home, farm~~, industry, ~~public place (where?)~~ Balto Md

Means of injury Cont live wire Injured at work? yes

23. SIGNATURE W. P. O. Wise Dep M Ex M. D. or other

Address Sykesville Md Date signed 8-28-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to change date of birth of deceased - letter on permanent file under Father, Dawson L.

11/5/40
M. G.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08379

131-6

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 32

Village or City Ruxton Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly Poor Johnston If U. S. Veteran, specify WAR

(a) Residence: No. Ruxton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ (write the word)
Female	White	Widow

5a. If ~~married,~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Gale

6. DATE OF BIRTH (month, day, and year) August 11 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Telford Poor

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Marian A Smith

16. BIRTHPLACE (city or town) Middleburg (State or country) Virginia

17. INFORMANT Charles Fisher (Address) 10 South St

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Bellemount Cem Data Aug 10, 1940

19. UNDERTAKER Henry W Jenkins & Sons Co (Address) Orchard & McCulloh St

20. FILED 8 | 9, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 8 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939, to Aug 8, 1940

I last saw her alive on Aug 7, 1940; death is said to have occurred on the date stated above, at 11 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	1938
Uremia	Aug 3 1940

Other ~~Contributory~~ Causes of Importance:

Cardiac Sclerosis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas W Leonard M. D.

(Address) 32 Park Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 18 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (132)

CERTIFICATE OF DEATH

08380 X 38

Reg. Dist. No.

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 29 days
Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Northwoodside Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 726 Dale Drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NO.

3. (a) FULL NAME: Eleanor Jane Junghans
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: (?)
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 11. 1881

8. AGE: Years: 59 Months: 4 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home.
FATHER
12. Name: Dennis Murphy
13. Birthplace: Ireland
MOTHER
14. Maiden name: Anne Jones
15. Birthplace: New Jersey
16. Informant: Personal History- Hospital Record
Address: Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 17, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cem.
Location: Washington, D.C.
18. Funeral director: Wm. H. Sardo & Co.
Address: Washington D.C.
19. Aug 14 1940 (Date rec'd by registrar) M. Everett Van Horn Deputy Sec. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14 1940, at 7:20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to August 14 1940, and that I last saw her alive on August 14 1940.

Immediate cause of death: Pulmonary Tuberculosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: NO.

DURATION: Jan. 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W A Bridges M. D. or other
Address: Towson, Md. Date signed: 8-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08381

(83a)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 33

Village or City Reisterstown, Md. No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry King If U. S. Veteran, specify WAR yes.

(a) Residence: No. Reisterstown Route 1 St., Ward. No. Social Security No.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Brushwiller

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Stock Dealer

10. Date deceased last worked at this occupation (month and year) June, 1923 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Centerville (State or country) Pa.

FATHER

13. NAME Wm. Nagle King

14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Mrs. Mary King (Address) Reisterstown, Md.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Western Cem. Date Aug. 30, 1940

19. UNDERTAKER Wm. Berry Mary & Sons (Address) Reisterstown, Md.

20. FILED Aug. 29, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1940, to Aug 26, 1940

I last saw h[illegible] alive on Aug 26, 1940 death is said to have occurred on the date stated above, at 7:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other Contributory Causes of Importance: Cerebral Hemorrhage	Aug 24th

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Glassman M. D.

(Address) 753 W. Fayette St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 4 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08382 40 71 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-e)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Hallthorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd.
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 71 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Hallthorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Washington Blvd.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Frank John ~~Francis~~ Kirchhoefer

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 4 - 1869

8. AGE:

Years	Months	Days	If less than one day
71	9	18	✓ hrs. ✓ min.

9. Birthplace Balto Co - Md.
(Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business B&O - RR.

FATHER
12. Name August Kirchhoefer
13. Birthplace Germany

MOTHER
14. Maiden name Margaret Schaub
15. Birthplace Germany

16. Informant Mr Jacob Kirchhoefer
Address Hallthorpe - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/26/40 (month) (day) (year)
Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18. Funeral director John J Corvan & Son
Address 901 Hollins St

19. Aug 24 1940 Geo Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1940, at 5 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 22 AM 1940, to Aug 22 1940 pm, and that I last saw him alive on Aug 22 1940.

Immediate cause of death	DURATION
Due to Infection palmar fascia rt hand	4 weeks
Due to Blood stream infection staphylococcus aureus haemoglobinus	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
D1 operations ✓
✓
Df autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE Frederick J. Beitler
M. D. or other
Address Reeay Date signed Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08384

(48-B)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41.

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eugana Krywicka or (Kriwetsky)

(a) Residence: No. 7147 Holabird St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucas Krywicka

6. DATE OF BIRTH (month, day, and year): Not known

7. AGE: Years 65? Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russian

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Russian

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Russian

17. INFORMANT (Address): Ones Krywicka 7147 Holabird Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Trinity Russian, A.A. Co. Date: Aug 20, 1940

19. UNDERTAKER (Address): John G. Grebbauckas Jr. 423 S. Paca Street

20. FILED: 8/19/40, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1940, to Aug 17, 1940

I last saw her alive on Aug. 17, 1940; death is said to have occurred on the date stated above, at 9:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1/22/40
Chronic Myocarditis	1/22/40
Primary carcinoma of uterus. Duration: two months	
Other Contributory Causes of importance: Carcinoma of abdominal organs	6/22/40
Chronic Intestinal Obstruction	6/22/40

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank Virgilio M. D.

(Address) Dundalk Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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AUG 21 1930
BUREAU OF C. V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08383

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 43

Village or City Overlea No. 101 W.Elm Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Henry Kornmann

(a) Residence: No. 101 W.Elm Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R.Kornmann

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bank Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1st Nat of.Baltimore

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Kornmann

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emma Sweitzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret R.Kornmann (Address) 101 W.Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug. 22, 1940

19. UNDERTAKER Clarence F. Hoffmann (Address) 1639 N.Broadway.

20. FILED 8/21, 1940 Mrs. G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 7, 1940, to Aug 19, 1940

I last saw him alive on Aug 19, 1940; death is said to have occurred on the date stated above, at 7 30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease Aug 7	1940
Hypertension	1933
Cerebral Hemorrhage	1936
Uremia Aug 10	1940

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) 3501 Fairfax

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Alvin Blickman

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation:

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 23 1940
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08385

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs., 9 mos., 11 das.
Stay in this community (yrs., or mos., or days): 2 yrs., 9 mos., 11 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3002 Herbert Street
(If rural give LOCATION)

2a. IF VETERAN, NAME WAR:

3. (a) FULL NAME: Milton D. Kucherer

3. (b) Social Security Number: Yes; No. unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Gertrude Kucherer
6 (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): August 5, 1904

8. AGE: Years	Months	Days	If less than one day
35	11	28	hrs. min.

9. Birthplace: Arbutus, Maryland (Town, county, and state)
10. Usual occupation: Street Car Operator
11. Industry or business: Baltimore Transit Co.

FATHER
12. Name: John Kucherer
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Louise Skuhr
15. Birthplace: Baltimore, Maryland

16. Informant: Milton D. Kucherer
Address: Baltimore, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 5, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons
Address: North & Penna. Aves., Balto., Md.

19. August 2, 1940 (Date rec'd by registrar) J. Frank Spalding. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2, 1940, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22, 1937, to August 2, 1940, and that I last saw him alive on August 2, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 years
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M.D. or other
Address: Mt. Wilson, Md. Date signed: 8/2/40

RECEIVED
AUG 5 1940
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (52-B) Reg. Dist. No. 43

CERTIFICATE OF DEATH

08386

1. PLACE OF DEATH

(a) County Balto.

(b) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. Joppa Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME (MARIE) Marie Kunze.

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles Kunze

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1874

8. AGE: Years 66 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Conrad Kraft

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Anna E. Funk

MOTHER 15. Birthplace Germany

16 (a) Informant Chas. Kunze

(b) Address Fullerton P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto City

18 (a) Funeral director Fassaka Funeral Home

(b) Address 7401 Belair Rd

19 (a) 8/20/40 (Date rec'd by registrar) (b) Mrs. G. A. Fiske Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 19 1940, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Aug 19 1940, and that I last saw him alive on Aug 19 1940.

Immediate cause of death	Duration
Toxemia	
Due to Carcinoma of Urinary Bladder	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G M Baumgardner M. D. or other

Address Rosedale Md Date signed 8/19/40

RECEIVED
SEP 3 1940
BUREAU V. S.

08387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since July 23, 1940

Hospital, Institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? Since July 23, 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 35 North Crescent Street
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Austin B. Kutz

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Flora Freese

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 7, 1857

8. AGE:

Years	Months	Days	If less than one day
83	3	9	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Sparrows Point

FATHER
12. Name: John Kutz
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary Brubaker
15. Birthplace: Maryland

16. Informant: Son, Mr. John E. Kutz

Address: 35 North Crescent St., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: F-18-40 (month) (day) (year)

Cemetery or crematory: Harrisburg Pa Cem

Location:

18. Funeral director: Wm Cook

Address: 127 S Paul St

19. 8/17th 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 16, 1940, at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23, 1940, to August 16 1940 and that I last saw him alive on August 16, 1940

Immediate cause of death	DURATION
Lobar pneumonia, bilateral	2 days
Chronic myocarditis before	1940
Due to Generalized arteriosclerosis "	1940
Other conditions Psychosis with organic disease before	1940

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: As above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim
Else Pappenheim, M.D. M. D. or other
Address: Spring Grove St. Hosp. Date signed: 8-16-40

DEPUTY LOCAL

RECEIVED
AUG 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

08388

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Sparrow Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 631 E Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Sparrow Point Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 631 E Street

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles R. Lewis

3. (b) Social Security Number 214-10-0086

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Alverta Lewis

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 11 1868

8. AGE: Years	Months	Days	If less than one day
71	11	16	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Pattern Maker Bethlehem Steel Co

11. Industry or business

FATHER 12. Name William H Lewis

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Cross

15. Birthplace Maryland

18. Informant Mrs Alverta Lewis

Address 631 E Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30-40 (month) (day) (year)

Cemetery or crematory Druid Ridge Cemetery

Location Pikesville Md

18. Funeral director William M Mareck

Address 715 Light St

19. Aug 29 1940 (Date received by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940, at 12:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 27th 1940, to Aug 27th 1940, and that I last saw him alive on Aug 4 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	10 Min
Due to	
Due to Arteriosclerosis	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred M.D.

M. D. or other

Address 502 C. St Sparrow Point Date signed 8-27-40

RECEIVED
SEP 6 1940
BUREAU V. S.

08389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore, Spring Grove Hospital

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since Oct.14,1939

Hospital, institution, or street address where death occurred: Spinrg Grove,State Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 1712 E 30th Str.Baltimore,Md. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Webb Linkous

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Delia ? ?

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 17,1872

8. AGE: Years	Months	Days	If less than one day
68		20	..... hrs. ..... min.

9. Birthplace: Virginia (town, county, and state)

10. Usual occupation: Policeman

11. Industry or business:

FATHER
12. Name: Crockett Linkous
13. Birthplace: ?

MOTHER
14. Maiden name: Mayr Kipps
15. Birthplace: ?

16. Informant: Wife:Mrs.Delia A.Linkous

Address: 1712 E 3oth Str.Baltimore,Md,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8 (month) 10 (day) 1940 (year)

Cemetery or crematory: Maple Park

Location: Bluefield W Virginia

18. Funeral director: W M Cook

Address: 1217 St Paul St

19. 8/8 (Date rec'd by registrar) 1940 DEPUTY [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8, 1940, at 3,30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~August 8,~~ Oct.14, 1939, to August 8, 1940 and that I last saw him alive on August 8, 1940

Immediate cause of death	DURATION
Cerebral Hemoorhage	1 week
Due to general arteriosclerosis	bef.1940
Due to Diabetes Mellitus	bef.1940
Other conditions Cerebral arterioslcerosis	

(Include pregnancy within 3 months of death)

Major findings of operations: as above Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim M. D. or other

Else Pappenheim,M.D.

Address: Spring Grove,State Hospital Date signed: Aug.8.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08390

1. PLACE OF DEATH (93-d)

County Smith Cove Registration Dist. No. 32

Village or City Mt Washington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J Lochte If U. S. Veteran, specify WAR

(a) Residence: No. Smith Cove St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Lochte

6. DATE OF BIRTH (month, day, and year): 10 - - 1869

7. AGE: 70 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Frank Lochte

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Coffee

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Barbara Lochte 5307 Burlington Way

18. BURIAL, CREMATION, OR REMOVAL Place: St Marys Date: 8-7-40, 19

19. UNDERTAKER (Address): Leonard J Ruch 5305 Harford Road

20. FILED: Aug. 5, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1940, to Aug 4th, 1940

I last saw him alive on Aug 3rd, 1940; death is said to have occurred on the date stated above, at 4:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other Contributory Causes of Importance:

Cardio vascular disease

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. P. T. Nyse M. D.

(Address) Pittsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08391

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (943)

County Baltimore Registration Dist. No. 4X

Village or City Welle Point (Stemmers Run) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. London If U. S. Veteran, specify WAR

(a) Residence: No. 903 E. 41st Street, Baltimore Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana London

6. DATE OF BIRTH (month, day, and year) April 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester (State or country) New York.

FATHER

13. NAME John London

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Vernon W. London

(Address) 903 E. 41st Street, Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 6, 1940

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

20. FILED Aug 7, 1940 John F. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1940, to Aug 3, 1940

I last saw him alive on Aug 1, 1940, death is said to have occurred on the date stated above, at 7 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6/18/40
Hypertrophy of Heart	2 yrs
Arteriosclerosis	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. C. Cuthbertson M. D.

(Address) 4901 Gwynn Oak Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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AUG 16 1928
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08392

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 8 Days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3214 Tyndale ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Minnie Lorenz

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 27. 1886

8. AGE:

Years	Months	Days	If less than one day
53	10	11	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: Home.

FATHER
12. Name: Jacob Lorenz
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Smith
15. Birthplace: Baltimore, Md.

16. Informant: Personal History - Hospital Record

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 10/1940 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore

18. Funeral director: John Uzarick

Address: 2098 Gilmore St

19. Aug 8 1940 (Date rec'd by registrar) H. M. Powell Paxton, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7 1940, at 1201 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1940 to August 7 1940, and that I last saw h[illegible] alive on August 7 1940

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	1934
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address: Towson, Md. Date signed: 8-7-40

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (124a) Reg. Dist. No. 38

08393

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town East Hill (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 27 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town East Hill - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Harford Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Philip Manser, Jr.

3 (b) If veteran, name war ____

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna C.

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	13	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Stonecutter

11. Industry or business Grocery

FATHER 12. Name Philip Manser

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Anna Marie Theis

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Anna C. Manser

16 (b) Address East Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24/40 (month) (day) (year)

17 (c) Cemetery or crematory Trinity

Location Balto. Md.

18 (a) Funeral director Lassahn Funeral Home

18 (b) Address 7401 Belair Rd.

19 (a) 8/23/40 (Date rec'd by registrar) (b) G. M. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 22 1940, at 8:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1933, to Aug. 22 1940, and that I last saw him alive on Aug. 22 1940.

Immediate cause of death	Duration
Cirrhosis of liver	3 yrs.
Due to Alcohol	
Due to	
Other conditions Chronic interstitial nephritis (Include pregnancy within 3 months of death)	7 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Bacon, M. D. (M. D. or other)

Address Parkville, Md. Date signed 8/22/40

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08394

1. PLACE OF DEATH (83-a)

County Baltimore Registration Dist. No. 38

Village or City Towson, No. Presbyterian Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella S. Martell If U. S. Veteran, specify WAR

(a) Residence: No. Presbyterian Home Colgate, Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Justus Martell

6. DATE OF BIRTH (month, day, and year): May 12, 1854

7. AGE: Years 86 Months 2 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Point (State or country) Balto. Co. Md.

FATHER

13. NAME Wm. Hevern

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

MOTHER

15. MAIDEN NAME Sarah Sappington

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT (Address) Records Presbyterian Home

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mt. Carmel Cemy. Date Aug. 10, 1940

19. UNDERTAKER (Address) John O. Mitchell & Sons 1900 Eutaw Pl.

20. FILED Aug 9, 1940 [illegible] Van Horn Deputy Head Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 8th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1940, to August 8th, 1940

I last saw her alive on August 1st, 1940; death is said to have occurred on the date stated above, at 1:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 8, 40

Other Contributory Causes of importance:

Cerebral arteriosclerosis	1925
General arteriosclerosis	1925

Name of operation None Date of —

What test confirmed diagnosis? Signs. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify not

(Signed) A. S. Chalfant M. D.

(Address) 6210 York Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, [illegible] factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED AUG 20 1930 BUREAU V. R.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Essex, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Regina May Mathews

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May - 9th 1940

8. AGE: Years | Months 3 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Balto Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John T. Mathews
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden name Marie Hanzlik
15. Birthplace Balto. Co. Md.

16. Informant Mr. John T. Mathews
Address Essex, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug. 28-40 (month) (day) (year)

Cemetery or crematory Oak Town Cem.

Location Eastern Ave Rd.

18. Funeral director John G. Connelly
Address Essex Md

19. Aug 28 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 7 P M Abroad

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__,

and ~~that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death Cerebral Meningitis

Due to non-epidemic; probably tuberculous. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

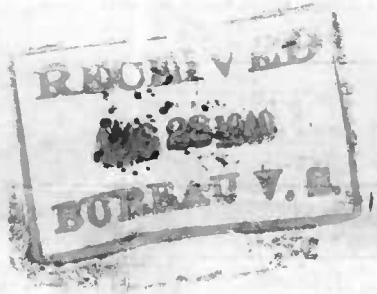
23. SIGNATURE H. P. E. Mse Lexey M Tex
M. D. or other

Address Pikesville Md Date signed 8.26.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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STATE OF MARYLAND—CERTIFICATE OF DEATH 08396

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (937-L)

County Balto Registration Dist. No. 44

Village or City Sparrows Point No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. McCardell If U. S. Veteran, specify WAR

(a) Residence: No. 517 F. St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph H McCardell

6. DATE OF BIRTH (month, day, and year) June 14 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME Samuel H Bruder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M Seyfert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Jos. H. McCardell

(Address) 517 F. St

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Md Date 8/30/40

19. UNDERTAKER John J. Cowen & Son

(Address) 901 Fairfield St Balto Md

20. FILED August 28 1940 Damon L. Harbin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to Aug 27, 1940

I last saw her alive on Aug 26 1940, death is said to have occurred on the date stated above, at 6.15 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1939
Other Contributory Causes of importance: Essential Hypertension	1938-39
Acute Pulmonary Edema	1940

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M B Davis M. D.

(Address) 3 Kenilworth Rd., Dundalk Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

08397

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or insl. (yrs., or mos., or days) 0 yrs.,0 mos.,4 das.
Stay in this community (yrs., or mos., or days) 0 yrs.,0 mos.,4 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 211 Newburg Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry Mengers

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Mengers

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): July 24, 1886

8. AGE: Years: 54 Months: 0 Days: 12 If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Turnkey

11. Industry or business: Baltimore County Police Station, Catonsville, Md.

FATHER
12. Name: John D. Mengers
13. Birthplace: Germany

MOTHER
14. Maiden name: Christine Wolters
15. Birthplace: Germany

16. Informant: Alice Mengers
Address: Catonsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 8,1940 (month) (day) (year)
Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore, Maryland

18. Funeral director: Easton Sons
Address: Ellicott City, Maryland

19. August 5, 1940 (Date rec'd by registrar) J. Paul Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5, 1940, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1940, to August 5, 1940, and that I last saw him alive on August 5, 1940

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	7 months
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Arthritis Deformans	About 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other
Address: Mt. Wilson, Md. Date signed: 8/5/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

08398

Reg. Dist. No. 44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Balto.

City or town: Municipal Airport, Glendale, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 9 N. Bond Ste.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ronnie Moe Mills

3.(b) Social Security Number: 225-09-7357

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C.	Single

B.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 7, 1

8. AGE: Years: 17 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: W. P. A.

11. Industry or business: Camp Meade

FATHER

12. Name: Plumer Mills

13. Birthplace: N. Carolina

MOTHER

14. Maiden name: Fannie Sewell

15. Birthplace: N. Carolina

16. Informant: Fannie Sewell

Address: 9 N. Bond St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 9-40 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: Brooklyn, Md.

18. Funeral director: Elroy O. Wilson

Address: 1000 Hanover Ave.

19. Aug. 7- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 5th 1940, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~

~~and that I last saw h~~ alive on ~~19~~

Immediate cause of death	DURATION
Accidental Drowning	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. P. Wroe Jr. M. D. M. E. (M. D. or other)

Address: Pikesville Md. Date signed: 8-5-40

RECEIVED
AUG 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92d) Reg. Dist. No. 37

CERTIFICATE OF DEATH

08399

1. PLACE OF DEATH:
(a) County Baltimore
(b) ~~City~~ or town Texas (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Baltimore County Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days) 5 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) ~~City~~ or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. 9th Ave Carney (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME James H Mitchell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 - 1885

8. AGE: Years 55 Months 4 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state) Maryland

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles M. Mitchell
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret J. Townsman
15. Birthplace Maryland

16 (a) Informant Charles R. Wirth
(b) Address 9th Ave Carney. Fullerton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Road

18 (a) Funeral director Wm. Cook
(b) Address 1217 St. Paul St.

19 (a) Aug. 31 - 1940 (Date rec'd by registrar) (b) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 31 1940 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 31 1940, and that I last saw him alive on Aug 29 1940

Immediate cause of death Chronic Endocarditis — Duration 5 days

Due to Pulmonary Edema — 5 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C Ensor M.D. M. D. or other
Address Cockeysidle Md Date signed Aug 31/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

08400

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:
County: Balto
City or town: Glencoe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 55 Years 9 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Glencoe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: George Mitchell Mowell

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nan Mowell (nee Barnes)
6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Aug 13, 1885

8. AGE: Years: 55 Months: – Days: 9 If less than one day: hrs. min.

9. Birthplace: Glencoe, Balto. Co. Maryland (Town, county, and state)
10. Usual occupation: Storekeeper & Postmaster
11. Industry or business

FATHER
12. Name: George R. Mowell
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Emily Carr Mitchell
15. Birthplace: Glencoe, Balto. Co. Md.

16. Informant: Mrs. G. M. Mowell,
Address: Glencoe, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 24 1940 (month) (day) (year)
Cemetery or crematory: Emanuel
Location: Glencoe, Balto. Co., Md.

18. Funeral director: Landon M. Brooks
Address: Sparks

19. Aug. 22 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22 1940, at 8.45 A M (Abaud)

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~, ~~and that I last saw h alive on 19~~

Immediate cause of death: Suicide, by shooting himself in head with
Due to: 38 Cal pistol
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident~~, suicide, ~~or homicide~~: Suicide Date of: 8-22-40
Where did injury occur? Glencoe (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~: at home
Means of injury: Pistol Shot Injured at work? No

23. SIGNATURE: W. T. O. Wise Deputy M Ex. M. D. or other
Address: Pikesville Md Date signed: 8.22.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 30 1941
BUREAU V. A.

Aug 13, 1685.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08401

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Rural Near- Arcadia Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Rural Near ARCADIA Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME W. Corrine Myers.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1925.

8. AGE: Years 15 | Months 0 | Days 29 | If less than one day hrs. min.

9. Birthplace ARCADIA, Balto Co, Md.
(Town, county, and state)

10. Usual occupation School child

11. Industry or business

FATHER
12. Name Jesse A. Myers.
13. Birthplace ARCADIA Md.

MOTHER
14. Maiden name Florence May Leef
15. Birthplace Woodensburg Md.

16. Informant Jesse A. Myers.
Address Upperco, Md. Aug 31st

17. Burial Date thereof ~~Aug~~ (month) (day) 1940
(Burial, cremation, or removal, Which?)

Cemetery or crematory St Pauls
Location Arcadia, Balto Co Md

18. Funeral director Edw. T. Tipton
Address Hampstead Md

19. Aug 29 1940 Cyril E. Fowble M.D.
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940, to Aug 28 1940, and that I last saw her alive on Aug 27 1940.

Immediate cause of death Cardiac Stenosis — ? DURATION

Due to Chronic Rheumatic Cardiac Renal Vascular Disease — 3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph E. Funk M.D.
M. D. or other
Address Hampstead Md Date signed 8-27-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

08402

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Balto

City or town Dundalk, 7115 Holabird Ave
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7115 Holabird Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Brandt Holley Newton

3. (b) Social Security Number 213-07-1307

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Julianna Newton

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec 24 - 1901

8. AGE: Years 38 Months 8 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Statesburg Ga
(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name John C Newton
13. Birthplace Ga

MOTHER
14. Maiden name Pearl M Robbins
15. Birthplace Ga

16. Informant Julianna Newton
Address 7115 Holabird Ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 1 - 1940
(month) (day) (year)

Cemetery or crematory 1st U Ev Cemetery

Location Baltimore

18. Funeral director John Ulrich
Address 2008 Orleans St

19. 8/28 1940 (Date rec'd by registrar) Milton M Wilson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28th 1940, at 4 A M about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ alive on ~~19~~.

Immediate cause of death Valvular heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

CURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O. Nyse Leroy M Cox M. D. or other

Address Pikesville Md Date signed 8-28-40

W M Carmine, Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1940
BUREAU V. S.

08403

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural Reisterstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Nicodemus Road.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore.

City or town: Rural Reisterstown Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Nicodemus Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Grace S. Nicoll

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: William D. Nicoll

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 7, 1874.

8. AGE: Years: 66 Months: 7 Days: 21 If less than one day ..... hrs. ..... min.

9. Birthplace: Chestertown Md.
(Town, county, and state)

10. Usual occupation: None.

11. Industry or business

FATHER
12. Name: James B. Sappington.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Gertrude Sweiger
15. Birthplace: Unknown

16. Informant: David H. Nicoll.

Address: Nicodemus Rd. Reisterstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 31, 1940. (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Baltimore Maryland.

18. Funeral director: Geo W. Little

Address: 2700 Edmondson Ave.

19. 8/29 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1940 19..... at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1940, to August 28 1940 and that I last saw her alive on Aug 25 1940

Immediate cause of death	DURATION
Arteriosclerosis	?
Due to	
Due to	
Other conditions: Cerebral Hemorrhage	1936

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: E. E. Nichols MD M. D. or other

Address: Pikesville Md. Date signed: 8/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

08404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Swan's Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Pa. County

City or town Philadelphia Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Casimoner Noga or KAZIMIERZ NOGA

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wanda Noga

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 18 - 1916

8. AGE: Years: 24 Months Days If less than one day ____ hrs. ____ min.

9. Birthplace: Philadelphia Pa (Town, county, and state)

10. Usual occupation: Bartender

11. Industry or business

FATHER
12. Name: Casimir Noga
13. Birthplace: Pema

MOTHER
14. Maiden name: Maria Surgot
15. Birthplace: Pema

16. Informant: Wanda Noga Wife

Address: 1824 E. Fayette St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 14 - 1940 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cem

Location: Belair Road

18. Funeral director: Lillye Zeiler INC

Address: 403 S. Wolfe St.

19. 8-12 1940 (Date rec'd by registrar) John S. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11th 1940, 6-30 A M

21. I CERTIFY that death occurred on the date above stated, ~~that I attended deceased from~~ ~~19 to 19~~, ~~and that I last saw h alive on 19~~

Immediate cause of death: Accidental drowning

Due to: from row boat

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 8-11-40

Where did injury occur? Swan Point (City or town) Balto (County) Md (State)

Injured ~~at home, farm, industry,~~ public place (where?) Swan Point

Means of injury drowning Injured at work? No

23. SIGNATURE: W. P. O. Myer Deputy M Ex M. D. or other

Address: Pocomoke Md Date signed 8-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

08405

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Stemmers Run Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oliver K. Peregoy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name ~~of husband~~ or wife: Lina A.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 26, 1864

8. AGE: Years 78 | Months 10 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)

10. Usual occupation: Retired Gardner

11. Industry or business

FATHER
12. Name: Joseph Peregoy
13. Birthplace: Balto. Co.

MOTHER
14. Maiden name: Sarah J. Wisner
15. Birthplace: Balto. Co. Md.

16. Informant: Wilbur Dewey

Address: 709 Grantley St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 1, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Carmel. Balto. Co. Md.

Location

18. Funeral director: William Cook.

Address: 1217 St. Paul St

19. Aug 30 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 30th 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__, and that I last saw ~~h~~ ____ alive on ____ 19__.

Immediate cause of death: Valvular heart disease.

Due to

Due to: Senile Debility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Cate of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: M. P. E. Mason Dupy M. Ex
M. D. or other

Address: Pleasoville Md. Date signed: Aug-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

08406

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo

Hospital, Institution, or street address where death occurred: Spring Grove State Hospt

How long in hospital or Institution? 2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3139 Ellicott St.

(If rural, give LOCATION)

2.(a) If veteran, name war: No None

3. (a) FULL NAME: Mrs Elizabeth Polanowitz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Mikaly Polanowitz

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
50	?	?		

9. Birthplace: Czechoslovakia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Frediana Sisolak

13. Birthplace: Same

MOTHER — 14. Maiden name: ?

15. Birthplace: Same

16. Informant: Records U. S. Govt Hospl

Address: Catonsville, Md

17. X (Burial, cremation, or removal. Which?) Date thereof 8-12-40 (month) (day) (year)

X Cemetery or crematory: St Stanislaus

Location: Dundalk Ave

18. Funeral director: John J Duda

Address: 2829 Hudson St

19. 8/8/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8, 1940, at 7 33 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1940, to Aug 8 1940

and that I last saw h[er] alive on Aug 8, 1940

Immediate cause of death	DURATION
1. Cerebral Embolism	10 Min
Due to: Thrombophlebitis, left thigh	5 Wks
Due to: Infected varicose ulcers left ankle	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: No

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.

Address: Catonsville, Md. M. D. or other

Date signed: 8/8/40

RECEIVED
AUG 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

08407

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs 1 mo
Stay in this community (yrs., or mos., or days): 2 yrs 1 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto city
City or town: Balto Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 128 N Bradford st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: James Proudfoot

3. (b) Social Security Number: no

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1873
8. AGE: Years 67 | Months — | Days — | If less than one day ____ hrs. ____ min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business: none
FATHER 12. Name: Wm Proudfoot
13. Birthplace: Md
MOTHER 14. Maiden name: Mary E Fleischerhelp
15. Birthplace: Md
16. Informant: Hospital records
Address: Catonsville Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Aug 14-40 (month) (day) (year)
Cemetery or crematory: Balto. Cem
Location: Northern Milton Ave
18. Funeral director: John A. Moran
Address: 3000 E. Balto st
19. 8/13 1940 (Date rec'd by registrar) H L Sudeal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1940, at 7-25 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: apoplexy — DURATION: sudden
Due to: Arteriosclerosis
Due to: Nephritis — 2 yrs
Other conditions: sudden death
Injury
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Geo. S. McKieffer Dep Med Exam of Balto Co
M. D. or other
Address: 1010 Leid ave Date signed: Aug 12 1940

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

08408

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Haarlem Lodge
Stay in hospital or inst. (yrs., or mos., or days): 3 days
Stay in this community (yrs., or mos., or days): 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Florida County:
City or town: Daytona Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rawlings, Mrs. Madge D. W.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Divorced

6 (b) Name of husband or wife: Dr. Emory Rawlings
(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE: Years: 51 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Norristown, Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: George W. Moger
13. Birthplace: Penna

MOTHER
14. Maiden name: Ann Dawson
15. Birthplace: Pa.

16. Informant: Miss Irene Tabb
Address: Children's Hospital School, Balto.

17. (Burial, cremation, or removal. Which?) Cremation Date thereof (month) Aug (day) 15 (year) 40
Cemetery or crematory: West Laurel Hill Cem.
Location: Montgomery Co. Pa.

18. Funeral director: John W. Mitchell & Sons
Address: 1900 Eutaw Place

19. (Date rec'd by registrar) 8/16 1940 Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12 1940, at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8 1940, to Aug. 12 1940, and that I last saw h[illegible] alive on Aug 12 1940.

Immediate cause of death	DURATION
Cardio-vascular disease	Unknown
Due to: Broncho-pneumonia	1 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Fred A. Ries, M.D.
M. D. or other
Address: Haarlem Lodge, Catonsville Date signed: 8/16/40.

RECEIVED
SEP 2 1940
BUREAU V. S.

08409

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Balto.

City or town: New Battle Grove
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: Route 10 Box 705

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: New Battle Grove
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Route 10 Box 705
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME: Laura Virginia Rayner

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Charles Rayner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 8th, 1868

8. AGE: Years: 71 Months: 9 Days: 10 If less than one day ..... hrs. ..... min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Samuel Smith
13. Birthplace: Balto.

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: John H. Rayner
Address: New Battle Grove

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-5-40 (month) (day) (year)

Cemetery or crematory: Moreland Park

Location: Taylor Ave.

18. Funeral director: John G. Connelly
Address: Essex, Md.

19. ..... 19..... (Date rec'd by registrar) Milton M. Smulson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 18th 1940, at 11 30 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1939 to Aug. 1940 and that I last saw her alive on July 1940.

Immediate cause of death: Prob. Coronary Thrombosis — DURATION: 1 day

Due to: A-S-C-V-R Disease — 10 yrs.

Chronic Myocarditis

Due to: Chronic Nephritis

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: M B Davis M.D. M. D. or other

Address: Dundalk Md. Date signed: 8/5/40

PERMIT NOT ISSUED IN DUNDALK

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

08410

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore Co.
County 16 Fusting Ave.
City or town Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: House in the Pines
Stay in hospital or inst. (yrs., or mos., or days) 3 yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town #1 Hilton Ave. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Catonsville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Christina Reinhold.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1869

8. AGE: Years	Months	Days	If less than one day
71	—	10	hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Conrad Reinhold
13. Birthplace Germany
MOTHER 14. Maiden name Katherine Schubert
15. Birthplace Germany
16. Informant Mr. Frederick W. Reinhold.
Address 1-S. Hilton ave Catonsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12, 1940 (month) (day) (year)
Cemetery or crematory Baltimore
Location Baltimore, Md.
18. Funeral director Frederick A. Dole
Address 1200 W Lombard St.
19. 8/13 1940 (Date rec'd by registrar) H. C. Andrew Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10th 1940, at 8:50 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Aug 10 1940, and that I last saw her alive on Aug 8 1940.
Immediate cause of death In bas total hepatitis as total hepatitis — DURATION 5 yrs
Due to Arteriosclerosis
Due to Cerebral — 5 yrs
Other conditions Pt. has been comatose for 2 years.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thomas Jefferson Nichols M. D. or other
Address 2 W. Read St. Date signed 8-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1940
BUREAU V. S.

As to the date of burial and the date that certificate of death was received by the deputy local, I called Dr. Hedrich in reference to this case, on August 14, 1940.

OK

DEPUTY LOCAL Reg.

08411

STATE OF MARYLAND—CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH

County Balto Registration Dist. No. 30

Village or City Woodlawn No. Daniels Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Lena Robinson If U. S. Veteran, specify WAR

(a) Residence: No. Daniels Ave Woodlawn St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert S. Robinson

6. DATE OF BIRTH (month, day, and year) Oct 29-1890

7. AGE Years 49 Months 9 Days 25 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME James W. Wanaker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary L. Byrd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Albert S. Robinson (Address) Daniels Ave Woodlawn

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 8/27/40, 19

19. UNDERTAKER Leonard J. Rush (Address) 5305 Baltimore Rd

20. FILED 2 6 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/24/40 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 4, 1940 to Aug, 24, 40, 19

I last saw her alive on Aug. 24 40, 19; death is said to have occurred on the date stated above, at 10.48 AM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Scirrhus Carcinoma, Breast Metastesis to Brain. Date of onset 1. yr

Other Contributory Causes of importance:

Name of operation Amputation Breast Date of 1939

What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) CATONSVILLE MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 44 08412

1. PLACE OF DEATH: Co.
(a) Baltimore City, Maryland
(b) Street address Bengies Md
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bengies
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A. Rose Sr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-03-5198

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Sula Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1/1888

8. AGE: Years 51 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Compositor
11. Industry or business A. S. Abell Co (The Sun)

FATHER
12. Name John Rose
13. Birthplace England

MOTHER
14. Maiden Name unknown
15. Birthplace England

16 (a) Informant Mrs Sula Rose
(b) Address Bengies Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) Aug 20 (Date rec'd by registrar) (b) U. J. S. Owell Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at 5 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to Aug. 18 1940 and that I last saw him alive on Aug. 18 1940.

Immediate cause of death Pulmonary eedem- edema 1day

Duration

Due to Pulmonary Tb. of bothlungs Tb. peritonitis and tb. meningitis

Due to Duration 6 months for TBC. of lung. 1 mth for TB. peritonitis

Other Conditions 1 mth TB. Meningitis (mild)
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged stntistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence NONE
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address 100 N. Linwood Ave Date signed Aug 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED
AUG 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

08413

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Parkton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 year 9 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Parkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgia A. Rosier

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William A. Rosier

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 4 1876

8. AGE: Years: 64 Months: 8 Days: 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Parkton, Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER

12. Name: James Cooper

13. Birthplace: Parkton Md

MOTHER

14. Maiden name: Clara E. Armaunt

15. Birthplace: Parkton Md

16. Informant: Mrs. E. G. Tyson

Address: 623 Lynchburgh st Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 26 40 (month) (day) (year)

Cemetery or crematory: Pine Grove

Location: Parkton R.T.D. Md

18. Funeral director: P. Mackenzie Low

Address: White Hall Md

19. Aug. 24th 1940 (Date rec'd by registrar) Milner Bortner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1939, to Aug 22, 1940, and that I last saw her alive on Aug 22 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. L. Yagle M. D. or other

Address New Freedom Pa Date signed Aug. 24-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

08414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48b)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 66 Years Plus

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Angeline Samonie

3. (b) Social Security Number: No

4. Sex: F.

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph Samonie

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1860

8. AGE: Years: 79 Months: 7 Days: 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Naples Italy (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Michael Di Vi

13. Birthplace: Italy

MOTHER

14. Maiden name: Mary DiRizzo

15. Birthplace: Italy

16. Informant: Mrs. James Craig

Address: Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 17, 1940 (month) (day) (year)

Cemetery or crematory: St. Josephs.

Location: Texas, Md.

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. Aug. 16- 1940 Wilmer C. Ensor (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August, 15 1940, at 12:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to August, 15 1940, and that I last saw her alive on August, 14, 1940.

Immediate cause of death: Uremia — DURATION: 7 days

Pulmonary Edema — 1 day

Due to: Primary cancer of uterus. Duration: one year. C.W.B.R.

Due to

Other conditions: Generalized Cu. Chronic Nephritis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: B. W. Donohue, M.D. M. D. or other

Address: Texas, Md. Date signed: 8/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08415

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Fullerton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Belair Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Fullerton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Belair Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Boy Schisenker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 29th 1940

8. AGE: Years — | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace (Town, county, and state) Balto. Co. Md.

10. Usual occupation

11. Industry or business

FATHER
12. Name Aloysius Schisenker
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden name Anna Panzer
15. Birthplace Balto. City Md.

16. Informant Father
Address Fullerton P.O. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 29 40 (month) (day) (year)
Cemetery or crematory St. Josephs
Location Balto. Co. Md.

18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.

19. 8/30 1940 Mrs. G. A. Fintz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19__, to 8/29 1940, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death Stillborn	
Due to Cause unknown (apparently dead before onset of labor)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE John A. Mackenzie M.D.
M. D. or other
Address 6304 Belair Rd Date signed 8/29/40
Baltimore Md

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08416

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs., 2 mos., 8 days

Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 0 yrs., 2 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 307 S. Catherine Street
(If rural, give LOCATION)

2.(a) If veteran, name war: World War

3. (a) FULL NAME: Harry B. Schultz

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Virginia Schultz

6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): January 1, 1897

8. AGE:

Years	Months	Days	If less than one day
43	7	19	...hrs. ...min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Insurance

FATHER
12. Name: Edward Schultz
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Mary Reed
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Virginia Schultz
Address: 307 S. Catherine St., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 24, 1940 (month) (day) (year)

Cemetery or crematory: Western Cemetery

Location: Baltimore, Maryland

18. Funeral director: Charles J. Schwab

Address: 505 N. Monroe St., Balto., Md.

19. August 20, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20, 1940, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12, 1940, to August 20, 1940

and that I last saw him alive on August 20, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	About 8 yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations

Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D.
M. D. or other

Address: Mt. Wilson, Md. Date signed: 8/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 28 1940
BUREAU V. S.

08417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Darkhead Creek, Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Nelson Sinclair

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1937

8. AGE: Years 3 | Months 2 | Days 2 | If less than one day hrs. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation child

11. Industry or business

FATHER 12. Name Lawrence A Sinclair

13. Birthplace Md

MOTHER 14. Maiden name Catherine M Nelson

15. Birthplace Md

16. Informant Lawrence A Sinclair

Address Darkhead Creek / Essex

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug-10-40 (month) (day) (year)

Cemetery or crematory Parkwood Cem.

Location Taylor Ave.

18. Funeral director Leonard J. Ruck

Address 5305 Hanford Rd

19. Aug-9- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19 , to 19~~ ,

~~and that I last saw h alive on 19~~ .

Immediate cause of death Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 8-9-40

Where did injury occur? Balto Essex Md (City or town) (County) (State)

Injured at home, ~~farm, industry, public place (where?)~~ home

Means of injury Accidental drowning injured at work? No

23. SIGNATURE W. P. O. Nyse Deputy M Ex M. D. or other

Address Pikesville Md Date signed 8-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08418

131-01

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Balto Registration Dist. No. 44

Village or City Middle River No. ✓ St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Smith If U. S. Veteran, specify WAR

(a) Residence: No. Bird River Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Smith

6. DATE OF BIRTH (month, day, and year) June 1st 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Conrade Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Weinreich

16. BIRTHPLACE (city or town) (State or country) Rossville Md.

17. INFORMANT Mrs Smith (Address) Middle River MD

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Aug 13th 1940

19. UNDERTAKER Lassahn Funeral Home (Address) 7401 Belair Rd.

20. FILED 8/14/40 Harry Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 10, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1940, to Aug 9, 1940

I last saw him alive on Aug 9, 1940; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
a. Cardio-Renal disease	
Arteriosclerosis	

Other Contributory Causes of Importance:

Oedema Lungs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Hall M. D.

(Address) Middle River

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Authorization to change date of death letter in permanent file under Dr. Harry Hall. 10/25/40

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

08419

Reg. Dist. No. 9 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days): 1 mo 19 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Balto Co.

City or town: Fork Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mamie Smith

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: J. Lester Smith

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Oct 13, 1891

8. AGE: Years: 49 Months: 9 Days: 24 If less than one day: hrs. min.

9. Birthplace: Emmorton Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: J. Ellicott
13. Birthplace: Maryland

MOTHER
14. Maiden name: Lydia Magner
15. Birthplace: Maryland

16. Informant: Personal History - Hospital Record

Address: Eudowood Sanatorium - Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 8 1940 (month) (day) (year)

Cemetery or crematory: Fork Christian Cem.

Location: Fork Md.

18. Funeral director: C. E. Authier

Address: Fork Md.

19. Aug 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6th 1940, at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to Aug 6 1940, and that I last saw her alive on Aug 6 1940.

Immediate cause of death: Pulmonary T.B.C. — DURATION: 8 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address: Towson, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137a) Dr Jenifer

Towson Md.

08420

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Idlewylde (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St Albans + Beechwood Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Idlewylde Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. St Albans + Beechwood Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John B Sommer

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Maggie A. Sommer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21. 1852

8. AGE: Years 87 Months 8 Days 21 If less than one day hrs. min.

9. Birthplace Lancaster Pa (Town, county, and state)

10. Usual occupation Brick Layer Retired

11. Industry or business

FATHER 12. Name John Sommer

13. Birthplace Pa

MOTHER 14. Maiden name Lydia Knight

15. Birthplace Lancaster Pa

16. Informant Simon W Sommer

Address St Albans + Beechwood Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 15. 1940 (month) (day) (year)

Cemetery or crematory Baltimore

Location Baltimore Md

18. Funeral director William Cook

Address 1219 N Fork St

19. Aug 14 1940 (Date rec'd by registrar) A. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1940, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1st 1940, to Aug 12th 1940, and that I last saw him alive on Aug 11th 1940.

Immediate cause of death Uraemia (acute)

Due to Enlarged Prostate Gland

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 12 days

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel of St Thos Jenifer M.D. or other

Address Towson Md Date signed 8/13/40

RECEIVED
AUG 20 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1640)

CERTIFICATE OF DEATH

08421

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Balto
County
City or town Leeight, P.O. Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ida V. Spencer

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife G. Fred Sprinkle
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 14, 1891

8. AGE:

Years	Months	Days	If less than one day
49	5	16	hrs. min.

9. Birthplace Balto Co.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Walter
13. Birthplace Balto. Co.

MOTHER
14. Maiden name Clara Sullivan
15. Birthplace Balto. Co.

16. Informant G. Fred Sprinkle
Address Owings Mills

17. Burial Date thereof Sept. 1, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Paul
Location Arcida Md.

18. Funeral director H. H. Eline & Sons
Address Reisterstown Md.

19. Aug 31 1940 J. I. Dunbar Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION coroner

20. DATE OF DEATH Aug 30th 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ alive on ~~19~~

Immediate cause of death	DURATION
Suicide by hanging	
Due to Melancholia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident, suicide, or homicide~~ Suicide Date of 8-30-40
Where did injury occur? Leeight (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place~~ (where?) Leeight Balto Co Md
Means of injury hanging herself Injured at work? No

23. SIGNATURE Dr. C. E. Myers Leeky M Ex
M. D. or other
Address Reisterstown Md Date signed 8-30-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (50)

08422

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: 608 Aldershot Rd.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 608 Aldershot Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida V. Stegman

3. (b) Social Security Number: NONE

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 8 1890

8. AGE: Years: 49 Months: 11 Days: 11 If less than one day: hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Stenographer
11. Industry or business
FATHER 12. Name: Frederick Stegman
13. Birthplace: Germany
MOTHER 14. Maiden name: Annie Benkmyer
15. Birthplace: Germany
16. Informant: Miss Ann Stegman
Address: 608 Aldershot Rd
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-22-40 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Balto Md
18. Funeral director: Geo. A. Farley
Address: Catonsville Md
19. 8/21/40 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19th 1940, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/25 1940, to 8/19 1940, and that I last saw her alive on 8/19/40 19

Immediate cause of death	DURATION
Carcinomatosis	1 yr.
Due to Carcinoma of Breast	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A H Crowther M.D. M. D. or other
Address: 4209 Fred. Ave. Date signed: 8/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
AUG 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

08423 X 38

Reg. Dist. No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore.

City or town: Fudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 2 years 3 months 19 days

Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ____

City or town: Baltimore Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 409 S. Newkirk St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Mary Elizabeth Stephenson

3. (b) Social Security Number: Num

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife: ____

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 29. 1922

8. AGE:

Years	Months	Days	If less than one day
18	0	23	____ hrs. ____ min.

9. Birthplace: Warren Ohio.
(Town, county, and state)

10. Usual occupation: School girl

11. Industry or business

FATHER
12. Name: Roland Stephenson
13. Birthplace: Indiana

MOTHER
14. Maiden name: Anne Mc Cormick.
15. Birthplace: Ohio

16. Informant: Personal History - Hospital Record

Address: Fudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 24/40 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: Isles Ohio

18. Funeral director: John A. Mitchell Funeral Service.

Address: 1900 Eutaw Place Balto. Md.

19. Aug 22 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 21 1940, at 3:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1940, to August 21 1940, and that I last saw her alive on August 21 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	March 1938
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: K A Bridges M. D. or other

Address: Towson, Md. Date signed: 8-21-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08424

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 39 yrs; 10 mos; 24 da
Stay in this community (yrs., or mos., or days) "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Miss Freda Taundrop

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

B (b) Name of husband or wife ~~No~~

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 72 yrs (?) | Months ? | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Records S. G. State Hospt
Address Catonsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/5/40 (month) (day) (year)
Cemetery or crematory Prospect Hill Cemetery
Location Balto Co Md.

18. Funeral director Chas S. MacNabb
Address Frederick Road Catonsville

19. 8/3/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-1940, at 10 50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-29-1940, to 8-1-1940, and that I last saw her alive on 8-1-1940.

Immediate cause of death — DURATION
1- Acute Cardiac Dilatation — 24 hrs
2- Arteriosclerosis — years (?)

Due to

Due to

Other conditions 1. Chronic Interstitial Nephritis — yrs (?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Robert L. Gardner M. D.
M. D. or other
Address Spring Grove State Hosp. Date signed 8/2/40

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

08425

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Providence, Towson R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 2 months

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Providence, Towson P.O. Ward No. (RURAL)
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Nellie Gray Thacker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Henry Thomas Thacker

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): March 31, 1905

8. AGE:

Years	Months	Days	If less than one day
36	4	12	____ hrs. ____ min.

9. Birthplace: Spotsylvania Co. Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Robinson
13. Birthplace: Virginia U.S.A.

MOTHER
14. Maiden name: Not obtainable.
15. Birthplace: Virginia

16. Informant: Henry Thacker, husband.
Address: Towson R.D.6, Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: AUG. 14, 1940 (month) (day) (year)

Cemetery or crematory: PROVIDENCE METHODIST

Location: PROVIDENCE, BALTO. Co., MD.

19. Funeral director: John Burns' Sons

Address: Towson, Md.

19. Aug 14 19 (Date rec'd by registrar) Wilbert Vanstone Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12 1940, at 3:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1937, to Aug 12, 1940.; and that I last saw h alive on Aug 11, 1940.

Immediate cause of death: Carcinoma of Uterus with general metastasis & cachexia. — DURATION: 3 years

Due to: Cause unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Rollin C. Hudson M.D.
M. D. or other

Address: Towson, Md. Date signed: 8/12/40

RECEIVED
SEP 4 1940
U. S.

08426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore

City or town Fullerton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Juliet Elizabeth Todd

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband ~~or wife~~ William L. Todd

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1868

8. AGE:

Years	Months	Days	If less than one day
71	6	15	8 hrs. 38 min.

9. Birthplace Chincoteague, Va.
(Town, county, and state)

10. Usual occupation @ home

11. Industry or business

FATHER
12. Name Charles H. Smith
13. Birthplace Va.

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant William L. Todd

Address 201 3. Baynard Boulevard Wil. Del

17. Burial
(Burial, cremation, or removal, Which?)

Date thereof Aug. 27 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Wilmington & Brandywine Com

Location Wilmington, Delaware

18. Funeral director James T. Chandler & Son

Address Wilmington, Delaware

19. 8-26-40 19 W M D Lammott
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24, 1940, at 8 38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9, 1940, to Aug. 24, 1940 and that I last saw her alive on Aug. 24, 1940

Immediate cause of death	DURATION
Bronchopneumonia	24 hrs.
Due to Hypertensive Cardiovascular Disease	10 yrs.
Due to Arteriosclerosis	15 yrs
Other conditions apoplexy with left Paraplegia	5 wks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D.
M. D. or other

Address Fork, Md. Date signed 8/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

08427

HEALTH DEPARTMENT—~~CITY~~ Co OF BALTIMORE

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH - Opitz Home. Edmonson Ave. & Nunnery Lane. Registered No. 30

~~CITY~~ Co OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Ella Turner. If U. S. Veteran specify WAR .....

(a) Residence: No. 1151 W Hamburg St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Edward Turner.

6. DATE OF BIRTH (month, day, year) June 12, 1865.

7. AGE: 75 Years, 2 Months, 19 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Neice (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 3 1940

19. UNDERTAKER Ambrose Ins (Address) 1017 W Cross St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1940 to Aug 31, 1940

I last saw her alive on Aug 31st, 1940. Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8/30/40
Hypertensive, arteriosclerotic	
Cardiovascular renal disease	
Chronic nephritis	6 Mo.

Other contributory causes of importance:
Secondary anemia
dehydration

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.
(Address) 1520 Hollins St.

VS 3

SEP 2 1940

DEPUTY LOCAL Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cal 3934

Cal 1842 W

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 18 1940 U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-R)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Edmondson Ave Ext

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Unknown County

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: unknown

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: unknown
(Town, county, and state)

10. Usual occupation

11. Industry or business: Our Land

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: Police Dep. of Catonsville

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Nov. 9, 1940
(month) (day) (year)

Cemetery or crematory: St Johns Cem.

Location: Ellicott City

19. Funeral director: Easton Sons

Address: Ellicott City

19. 11/9 1940
(Date rec'd by registrar)

Deputy Local. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: about Aug 8 1940, at — M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death: Exposure

Due to: Elements

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Geo. J. McKieffer Dep. Med. Exam. M. D.

Address: 1010 Reedian Date signed: Aug 10

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08428

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson 19

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs., 1 mo., 20 days

Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 0 yrs., 1 mo., 20 days

19

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1038 S. Hanover Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: George W. Voyce

3.(b) Social Security Number: 218-07-5143

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Theresa Voyce

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): January 11, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	29 28	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Unknown

FATHER 12. Name: George Voyce

13. Birthplace: Baltimore, Maryland

MOTHER 14. Maiden name: Mary Lowe

15. Birthplace: Baltimore, Maryland

16. Informant: George W. Voyce

Address: Baltimore, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 12, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery

Location: Baltimore, Maryland

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St., Baltimore, Md.

19. August 8, 1940 (Date rec'd by registrar) J. Paul Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August ~~9~~ 8th 1940, at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20, 1940, to August 9, 1940 and that I last saw him alive on August 9, 8th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	4 mos.

(Include pregnancy within 3 months of death)

Major findings of operations: No operations

Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shoffer M.D.

M.D. or other

Address: Mt. Wilson, Md. Date signed: 8/9/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Authorization to change date, letter in Permanent File under Dr. Stewart Shaffer. 8/20/40.

08429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore Co
City or town Catonsville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs + 8 months
Hospital, institution, or street address where death occurred: Spring Grove State Hospt.
How long in hospital or institution? 2 yrs + 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 914 Williams St.
(If rural, give LOCATION)
2.(a) If veteran, name war ?

3. (a) FULL NAME Mr. Richard P. Waite

3. (b) Social Security Number

4. Sex: M.
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife ?
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) March 15, 1858

8. AGE: Years 82 | Months 5 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation Sheet metal worker
11. Industry or business

FATHER
12. Name Richard B. Waite
13. Birthplace ?

MOTHER
14. Maiden name Elizabeth Galloway
15. Birthplace ?

16. Informant Records, S. G. S. Hospt
Address Catonsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 20 - 40 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick Ave
18. Funeral director William M Mareck
Address 75 Light St
19. 7/17 1940 (Date rec'd by registrar) [signature] Registrar
DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1940, at 1:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1940, to 8-17- 1940
and that I last saw him alive on 8-16- 40 19

Immediate cause of death	DURATION
1. Erysipelas, left face	2 days
Due to Infected Basal cell epithelioma, left side nose	yrs (?)
Due to	
Other conditions Generalized Arteriosclerosis (7 yrs) Hypertension	7 yrs.

(Include pregnancy within 3 months of death)
Major findings of operations NONE
Date of op.
Autopsy results NONE
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D. M. D. of other
Address Spring Grove State Hosp. Date signed 8/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1940
BUREAU V. S.

08430

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

Reg. Dist. No. 38

1. PLACE OF DEATH: Balto. Co.

County: Mercy Villa

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? April 1940

Hospital, Institution, or street address where death occurred: Mercy Villa

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Va. County:

City or town: Norfolk (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Mary C. Walton

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Joseph A Walton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Not Known

8. AGE: Years: abt 91 Months: – Days: – If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: None.

11. Industry or business

FATHER 12. Name: J J Higgins

13. Birthplace: Va

MOTHER 14. Maiden name: Mary Drummond

15. Birthplace: Va

16. Informant: Mr Thos Janney

Address: 50 Waliver St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/28/40 (month) (day) (year)

Cemetery or crematory: Norfolk Va

Location:

18. Funeral director: J. J. Foley & Sons

Address: 1318 Light St.

19. Aug 27 1940 (Date rec'd by registrar) W. David Vanhorn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 1940 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1940 to Aug 26 1940 and that I last saw her alive on Aug 24 1940

Immediate cause of death: Chronic Myocarditis. Duration: Not Known

Due to: Duration: not known. C.W.S.R.

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: No operation

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? No injury (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edward P Smith M. D. or other

Address: 920 St Paul St Date signed 8/26/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08431

1. PLACE OF DEATH (8)

County Baltimore Registration Dist. No. 40

Village or City Loreley No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Wells. If U.S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	B.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 19-1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Louis Wells Wm. Peters

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Catharine Wells.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Ella Wells
(Address) Loreley

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Aug 19, 1940

19. UNDERTAKER Clarence E. Arthur
(Address) Balto Md.

20. FILED Aug. 19, 1940 C. E. Arthur
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; deeth is seld to have occurred on the dete stated above, at 2:30 A. m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importance were es follows:

	Date of onset
Still born	
(macerated)	

Other **Contributory Causes** of importance:

Neme of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there en autopsy? No.

23. If death was dua to externel causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) Fred O Hodous M. D.

(Address) Edgewood, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
SEP 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to change name of father see birth certificate on which Dr. Hodous requested the correction. 10-11-40 cc.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08432

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Bacro
City or town: Govans
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Govans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 447 Schwartz Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna Lillian White

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	Married

6 (b) Name of husband or wife: Thomas White
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 18, 1870

8. AGE: Years	Months	Days	If less than one day
70 69	11	13	hrs. min.

9. Birthplace: Alexandria, Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: —
13. Birthplace: Alexandria, Va.

MOTHER
14. Maiden name: —
15. Birthplace: Unknown

16. Informant: Thomas White
Address: 447 Schwartz Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 4, 1940 (month) (day) (year)
Cemetery or crematory: Pleasant Rest.
Location: Govans, Md.

18. Funeral director: Mrs. George H. Holland
Address: 1631 Druid Hill Ave.

19. August 2 1940 E. E. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 1st 1940, at 9.30 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from
19 , to 19 ,
and ~~that I last saw h~~ alive on 19

Immediate cause of death	DURATION
Valvular Heart	
Due to: disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. F. O. M.D.
M. D. or other
Address: Pikesville Md Date signed: 8-2-40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (52-B)

Reg. Dist. No. 30

08433

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 615 Coleraine Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Coleraine Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Alfred H. Widerman

3 (b) If veteran, name war

3 (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Margaret S. Widerman

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 4 1859

8. AGE: Years 81 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Robert Widerman
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth A. Longley
15. Birthplace Maryland

16 (a) Informant W. W. Widerman
(b) Address 615 Coleraine Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olive Cem
Location Randallstown Md.

18 (a) Funeral director J. W. Lamoreau
(b) Address 1003 W. Balto St

19 (a) 8/29/40 (Date rec'd by registrar) (b) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. Date of death Aug 27" 1940, at 12 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 1938, to AUG. 27 1940, and that I last saw him alive on AUG. 26 1940.

Immediate cause of death	Duration
CARCINOMA- URINARY BLADDER	3 YRS.
Due to	
Due to	
Other conditions UREMIA	5 DAYS

(Include pregnancy within 3 months of death)

Major findings:
Of operations INFILTRATING CARCINOMA OF URINARY BLADDER
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Healy M.D.
M. D. or other
Address 301 MED. ARTS Bldg BALTO. Md Date signed 8/27/40

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

08434

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore County

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 609 Register Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 609 Register Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Thomas S Wilkinson

3. (b) Social Security Number: 717-07-9542

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Virginia Wilkinson

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Dec 6 - 1875

8. AGE: Years: 64 Months: 8 Days: 23 If less than one day: hrs. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual occupation: Special Clerk - Penna R.R.

11. Industry or business:

FATHER

12. Name: James K. P. Wilkinson

13. Birthplace: Balto. Md.

MOTHER

14. Maiden name: Martha Cummings

15. Birthplace: Virginia

16. Informant: Walter E Wilkinson

Address: 3036 Woodside Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 31-40 (month) (day) (year)

Cemetery or crematory: Moreland Park

Location: Balto. Md.

18. Funeral director: Charles G. Black

Address: 742 W. North Ave.

19. Aug 30 (Date rec'd by registrar) 19 40 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/29 1940, at 5:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 8/29 1940, and that I last saw him alive on 8/29/40 19

Immediate cause of death: Coronary Heart Disease

Due to: Hypertension

Due to:

Other conditions: Hemorrhage from Post Pharynx (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. C. Post M.D. M. D. or other

Address: 7105 York Road Date signed: 8/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
AUG 31 1940
BUREAU V. S.

MARYLAND STATE
~~BALTIMORE CITY~~ HEALTH DEPARTMENT (9)

CERTIFICATE OF DEATH

Registered No. 30

08435

1. PLACE OF DEATH:

(a) Baltimore ~~City~~ Co, Maryland

(b) Street address 14 Shipley Ave.

(c) Hospital or institution: Catonsville md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County Balto.

(c) City or town Catonsville md (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 Shipley ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Helen Louise Williams HELEN LOUISE WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1940

8. **AGE:** Years | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Catonsville md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Osborne Williams
13. Birthplace Catonsville md.

MOTHER
14. Maiden Name Edna Belle
15. Birthplace Ellicott md

16 (a) Informant Edna Williams
(b) Address 14 Shipley ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year) 2

(c) Cemetery or crematory

Location Granite md

18 (a) Funeral director A Halsted

(b) Address 9 & Dund Hill ave.

19 (a) 8/22/40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21st 1940, at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1940, to Aug 21st 1940, and that I last saw her alive on Aug 20th 1940.

Immediate cause of death: Whooping Cough OK — Duration: 2 1/2 wks

Due to Bronchopneumonia — 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. J. McDermott M. D.

Address 1136 Poplar Grove St. Date signed Aug 21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

08436

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Glyndon
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Glyndon Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Sarah Elizabeth Williams

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife John J. Williams

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1852

8. AGE: Years	Months	Days	If less than one day
87	10	27	..... hrs. ..... min.

9. Birthplace Stockton, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William C. Pruitt
13. Birthplace Stockton, Md.

MOTHER
14. Maiden name Sallie Sturgis
15. Birthplace Stockton, Md.

16. Informant Eugene W. Pruitt
Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 22, 1940 (month) (day) (year)

Cemetery or crematory Asbury M.E. Cemetery

Location Reisterstown, Md.

18. Funeral director J.F. Eline & Sons
Address Reisterstown, Md.

19. Aug. 20 1940 (Date rec'd by registrar) L. Frank Mode M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-'37 19..., to 8-17 1940 and that I last saw her alive on 8-18 1940

Immediate cause of death	DURATION
Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? No. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE D. D. Caples, M.D. M. D. or other

Address Reisterstown, Md Date signed 8-19-'40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-E)

CERTIFICATE OF DEATH

08437

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs 8 mos 8 da

Stay in this community (yrs., or mos., or days): 3 yrs 8 mos 8 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St. Marys

City or town: Mechanicsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Earl Lester Hood

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 10, 1926

8. AGE:

Years	Months	Days	If less than one day
13	9	28	hrs. min.

9. Birthplace: Mechanicsville, St Marys Co. Md
(Town, county, and state)

10. Usual occupation: Inmate; Rosewood State

11. Industry or business: Training School; Owings Mills Md

FATHER
12. Name: Louis W. Hood
13. Birthplace: St Marys Co., Md

MOTHER
14. Maiden name: Elsie Buckler
15. Birthplace: St Marys Co., Md

16. Informant: Institutional Records; Rosewood

Address: State Training School; Owings Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 9 1940 (month) (day) (year)

Cemetery or crematory: Mt. Zion - St Marys Co. Md.

Location

18. Funeral director: P. B. Robinson

Address: Leonardtown, Md

19. Aug. 7 1940 (Date rec'd by registrar) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7 1940, at 3:33 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1936, to Aug 7 1940, and that I last saw h- in alive on Aug 7 1940.

Immediate cause of death	DURATION
Status Epilepticus	2 days
Due to Congenital Cerebro-Spinal Syphilis	Congen
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Wedeing M. D.
M. D. or other

Address: Owings Mills, Md Date signed 8/7/40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-A)

CERTIFICATE OF DEATH

08438

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Sturmon, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) –

Stay in this community (yrs., or mos., or days) 33 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Sturmon, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. –

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR no

3. (a) FULL NAME Catherine Woods

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Thomas Woods

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 74 | Months ? | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace St Marys County, Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business at home

FATHER 12. Name Charles Young

FATHER 13. Birthplace St Marys Co. Md

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace

18. Informant John H Biby

Address Sturmon. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-5-40 (month) (day) (year)

Cemetery or crematory Restlawn Colored Cem

Location Restlawn, Md

18. Funeral director Charles L Cooper

Address 514 N Calhoun St.

19. 8/1/40 (Date rec'd by registrar) 19 ____ E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1940, at 940 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Several years, to July 31 1940, and that I last saw h-- alive on July 31, 1940.

Immediate cause of death	DURATION
Chronic hypocondria	2
Due to Arterio Sclerosis	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE E. E. Nichols M.D. M. D. or other

Address Poolesville Md Date signed 8-1-40

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 38

CERTIFICATE OF DEATH

08439

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 412 DELAWARE
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State DEL. (b) County NEW CASTLE CO.
(c) City or town NEWARK (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** EVA L. WOODWARD

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) OCT. 31, 1859

8. AGE: Years 80 | Months 9 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace NEW LONDON, PENNA. (Town, county, and state)

10. Usual occupation ~~HOUSEWIFE~~ SCHOOLTEACHER

11. Industry or business AT HOME (RETIRED)

FATHER
12. Name GEORGE W. WOODWARD
13. Birthplace PA. (?)

MOTHER
14. Maiden Name LYDIA NICHOLS
15. Birthplace PA (?)

16 (a) Informant PAUL LOVETT
(b) Address NEWARK, DEL.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory HARRY T. MAXWELL (F.D.)
Location NEW LONDON, PENNA.

18 (a) Funeral director John Burns Sons
(b) Address 12 [illegible] Towson, Md.

19 (a) AUG 13 1940 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death AUG. 11, 1940, at 8:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10 1940, to Aug 11 1940, and that I last saw him alive on Aug. 11 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	40 hrs
Due to Hypertension & Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. F. Sedlacek, M. D. or other
Address Towson, Md. Date signed Aug. 12, 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44 (94a) 08440

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Poplar Hill (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Walbart Apt Charles & Lafayette (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry S Zell Jr

3 (b) If veteran, name war Spanish American.

3 (c) Social Security No. 217-03-6848

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband or wife Lucile L. M. Zell

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 21st 1873

8. AGE: Years 67 | Months | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Coal

FATHER
12. Name Henry Zell
13. Birthplace Balto Md

MOTHER
14. Maiden Name Katherine Coughlay
15. Birthplace Baltimore Md

16 (a) Informant R. Zell
(b) Address Walbart Apt Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director H. W. Jenkins & Co
(b) Address Orchard & Mc Collins St

19 (a) 8-14-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 14 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to Aug 14 1940, and that I last saw him alive on Aug 13 1940.

Immediate cause of death Coronary thrombosis — Duration 3 wks.

Due to Hypertensive Cardiovascular disease?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard S. Owens Jr. M.D. (M. D. or other)

Address Raspeburg, Md. Date signed Aug. 14, 1940

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.